10/20/2006 11:54

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 09 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 10 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Hospital Association PAC D D " D 0 9 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 1033760.85 Begining of Reporting Period 157286.96 1029518.88 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1191047.81 1971339.44 6(a) and 6(c) for Column B) 273874.19 1054165.82 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 917173.62 917173.62 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

[°] 2 0 0 6

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M M M O 9 0 1 2 0 0 6 To:

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	65703.83	376666.28
	(ii) Unitemized	55173.24	232047.88
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	120877.07	608714.16
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	120877.07	615380.16
2.	Transfers From Affiliated/Other Party Committees	36033.00	409568.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	1500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	376.89	3070.72
18.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	157286.96	1029518.88
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	157286.96	1029518.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	327.37	19977.96
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	327.37	19977.96
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	273246.82	998147.82
4.	Independent Expenditure (use Schedule E)	0.00	35000.04
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	300.00	1040.00
	Than Political Committees	000.00	1040.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	300.00	1040.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	273874.19	1054165.82
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2/30/4.19	1004100.82
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	273874.19	1054165.82
	from Line 31)	2/30/4.19	1034103.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	120877.07	615380.16
34.	Total Contribution Refunds (from Line 28(d))	300.00	1040.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	120577.07	614340.16
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	327.37	19977.96
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	327.37	19977.96

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	, , , , , , , , , , , , , , , , , , ,
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper			Date of Receipt
	Mailing Address 121 Clear Creek Road			09 01 2006
	City	State	Zip Code	Transaction ID: 12941393
	Langhorne	PA	19047-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident, Human Resources	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	220.00	1
	Other (specify)	0 0	8 8 8 8 8 8	
В.	Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski			Date of Receipt
	Mailing Address 17 Brookshire Drive			09 01 2006
	City	State	Zip Code	Transaction ID: 12941396
	Robbinsville	NJ	08691-2554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer New Jersey Hospital Assoc- iation		sident & General Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt
	Mailing Address 41 Manitto Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12941403
	Oceanport	NJ	07757-1510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼		220.00	
s	UBTOTAL of Receipts This Page (optional)			30.00
			•	
T	OTAL This Period (last page this line number of	only)		

J,	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or i	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Δ	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain F	load		M M / D D / Y Y Y Y
	OTOO LOWER MOUNTAIN T	load		09 01 2006
	City	State	Zip Code	Transaction ID: 12941417
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer New Jersey Hospital Assoc-	Occupation		-
	iation		Health Economics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	283.76	
	Other (specify)	0 0		1
3.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt
	Mailing Address 10 Fox Chase Road			M M / D D / Y Y Y Y
	014	01-1-	7'- 0-4-	09 01 2006
	City	State	Zip Code	Transaction ID: 12941424
	Malvern	PA	19355-3441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer New Jersey Hospital Assoc-	Occupation		
	iation		ancial Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	,		470.00	
	Other (specify) ▼		470.00	
	,		470.00	Date of Receipt
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		470.00	M M / D D / Y Y Y Y
	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street	State		0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron	State NJ	Zip Code 07649-2229	0 9 0 1 2 0 0 6 Transaction ID: 12941432
D .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell	NJ	Zip Code	Transaction ID: 12941432 Amount of Each Receipt this Period
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City		Zip Code	0 9 0 1 2 0 0 6 Transaction ID: 12941432
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer	NJ	Zip Code 07649-2229	Transaction ID: 12941432 Amount of Each Receipt this Period
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee.	NJ C Occupation	Zip Code 07649-2229	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer	C Occupation President	Zip Code 07649-2229	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer Holy Name Hospital Receipt For: Primary General	C Occupation President	Zip Code 07649-2229 it and Chief Executive Officer Year-to-Date ▼	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer Holy Name Hospital Receipt For:	C Occupation President	Zip Code 07649-2229	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00
C .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer Holy Name Hospital Receipt For: Primary General	C Occupation President	Zip Code 07649-2229 it and Chief Executive Officer Year-to-Date ▼	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00
D .	Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 345 Grove Street City Oradell FEC ID number of contributing federal political committee. Name of Employer Holy Name Hospital Receipt For: Primary General	Occupation President Aggregate	Zip Code 07649-2229 and Chief Executive Office Year-to-Date ▼ 500.00	Transaction ID: 12941432 Amount of Each Receipt this Period 500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 138
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. David P Tilton			Date of Receipt
	Mailing Address 624 Park Place			09 01 2006
	City	State	Zip Code	Transaction ID: 12941463
	Galloway	NJ	08205-6014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Atlanticare Regional Medi- cal Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kent E. Palmberg, MD			Date of Receipt
	Mailing Address 1216 SW Westside Dri	09 05 2006		
	City	State	Zip Code	Transaction ID: 12941564
	Topeka	KS	66615-1236	Amount of Each Receipt this Period
	Topeka FEC ID number of contributing federal political committee.	C	66615-1236	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing	C		
	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For:	Occupation Sr. VP, C		
	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare	Occupation Sr. VP, C	n Chief Medical Officer	
C.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General	Occupation Sr. VP, C	hichief Medical Officer Year-to-Date ▼	
c.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Sr. VP, C	hichief Medical Officer Year-to-Date ▼	250.00
c.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City	Occupation Sr. VP, C Aggregate	hichief Medical Officer Year-to-Date ▼	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway	Occupation Sr. VP, C Aggregate	thief Medical Officer Year-to-Date ▼ 250.00	Date of Receipt M
 C.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City	Occupation Sr. VP, C Aggregate	chief Medical Officer Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City Kansas City FEC ID number of contributing federal political committee. Name of Employer Providence Medical Center	Occupation Sr. VP, C Aggregate State KS C Occupation President	Thief Medical Officer Year-to-Date ▼ 250.00 Zip Code 66112-1636	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City Kansas City FEC ID number of contributing federal political committee. Name of Employer Providence Medical Center Receipt For: Primary General	Occupation Sr. VP, C Aggregate State KS C Occupation President	Thief Medical Officer Year-to-Date ▼ 250.00 Zip Code 66112-1636 It and Chief Executive Office Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City Kansas City FEC ID number of contributing federal political committee. Name of Employer Providence Medical Center Receipt For:	Occupation Sr. VP, C Aggregate State KS C Occupation President	Thief Medical Officer Year-to-Date ▼ 250.00 Zip Code 66112-1636	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. James T Paquette Mailing Address 8929 Parallel Parkway City Kansas City FEC ID number of contributing federal political committee. Name of Employer Providence Medical Center Receipt For: Primary General	C Occupation Sr. VP, C Aggregate KS C Occupation President Aggregate	Zip Code 66112-1636 and Chief Executive Office Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 138
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta			Date of Receipt
Mailing Address 25 Huntington St.			09 / 05 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12941567
Eastborough	KS	67206-2047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Via Christi Health System	Occupation SVP, Mis	n ssion Integration	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)		8 8 8 8 8 8	
Full Name (Last, First, Middle Initial) Holbrook & Osborn, PA			Date of Receipt
Mailing Address 7400 West 110th Street,	, Suite 600		09 / 05 / 4 9 9
City	State	Zip Code	Transaction ID: 12941611
Overland Park	KS	66210-2360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Holbrook & Osborn, P.A.	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	Refunded 10/06
Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D.			Date of Receipt
Mailing Address 3103 Tam O'Shanter			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12941615
<u>Hays</u>	KS	67601-8100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hays Medical Center	Occupation Presiden	n t and Chief Executive Office	
Receipt For:	1	e Year-to-Date ▼	7
Primary General		050.00	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number or	าlv)		

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 10 / 138
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. David L. Knocke			Date of Receipt
	Mailing Address 6039 SW 36th Street			09 05 2006
	City	State	Zip Code	Transaction ID: 12941621
	Topeka	KS	66614-5115	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
		1.		
	Name of Employer Stormont-Vail HealthCare	Occupation		
			ce President	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	caller (opeon)/ •	0 0	1 1 1 1 1 1 1	-1
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Vernon L. Long			Date of Receipt
	Mailing Address 3440 N.E. Kincaid			M M / D D / Y Y Y Y
	0::		7' 0 1	09 05 2006
	City	State	Zip Code	Transaction ID: 12941624
	Topeka	KS	66617-3620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Stormont-Vail HealthCare	Occupation		
		Vice Pres		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		325.00	
	Cirici (Specify)	1	0 0 0 0 0 0 0	J
_	Full Name (Last, First, Middle Initial)			+
C.	Mr. Joseph Messmer			Date of Receipt
	Mailing Address 12380 Landau Way			M M / D D / Y Y Y Y
	Cit.	Ctoto	7in Code	09 08 2006
	City	State ID	Zip Code	Transaction ID: 12974030
	Nampa	וטו	83686-8024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Medical Center	Occupation		
			t and Chief Executive Office	<u>r </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
6	UBTOTAL of Receipts This Page (optional)			825.00
\vdash	ODITION OF THEOERIPS THIS Fage (Optional)			

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 138 (check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Kathy D Moore Mailing Address 14980 Oma Street			Date of Receipt
		04-4-	7:a Code	09 08 2006
	City Caldwell	State ID	Zip Code 83607-7761	Transaction ID: 12974031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Valley Medical Center		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Sheryl Rickard			Date of Receipt
	Mailing Address Box 1448			09 08 2006
	City	State	Zip Code	Transaction ID: 12974053
	Sandpoint	ID	83864-0877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bonner General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Kevin Roberts			Date of Receipt
	Mailing Address 640 Ulukahiki Street			0 9 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 12978788
	Kailua	HI	96734-4454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		431.00
	Name of Employer Castle Medical Center	n t and Chief Executive Office		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 431.00	
s	UBTOTAL of Receipts This Page (optional)			931.00
T	OTAL This Period (last page this line number or	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An۱	r information copied from such Reports and State	ements mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the na	me and ado	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield			Date of Receipt
	Mailing Address One North Franklin Street Suite 32139			09 / 14 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12989329
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Hospital Associa-	Occupation Senior Vi	ce President	
	tion Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE			Date of Receipt
	Mailing Address 622 Sheridan Square Unit 3			09 14 2006
	City	State	Zip Code	Transaction ID: 12989330
	Evanston	IL	60202-4751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer American College of Healt-	Occupation		
	hcare Executi		e Vice President & COP	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Joseph M. Krella, FACHE			Date of Receipt
	Mailing Address 2180 South 1300 East			M M / D D / Y Y Y Y
	Suite 440	0/ 1	7: 0 /	09 14 2006
	City	State	Zip Code	Transaction ID: 12989332
	Salt Lake City	UT	84106-2813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer UHA, Utah Hospitals & Hea-	Occupation		
	Ith Systems A	President	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	(-P)) 4	0 0	0 0 0 0 0 0 0	
SL	IBTOTAL of Receipts This Page (optional)			1500.00
TC	TAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 138
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		·	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Alan Kelly			Date of Receipt
Mailing Address 3621 North Wells FArgo Ave			09 14 2006
City	State	Zip Code	Transaction ID: 12993156
Scottsdale	AZ	85251-5607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Scottsdale Healthcare	Occupation General (
Receipt For:	0.0	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Ms. Carol Henderson			Date of Receipt
Mailing Address 3621 Wells Fargo Avenue			09 14 2006
City	State	Zip Code	Transaction ID: 12993157
Scottsdale	AZ	85251-5607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Scottsdale Healthcare	Occupation Vice Pres	n sident, Human Resources	
Receipt For:	1	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) C. Mr. James C. Lewis			Date of Receipt
Mailing Address 11 Steeplechase Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13007702
Fredericksburg	VA	22405-3312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Medicorp Health System	Occupation Vice Pres	n sident of Finance	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number of	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Lewis C Addison			Date of Receipt
	Mailing Address 1920 Atherholt Road			0 9 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 13007711
	Lynchburg	VA	24501-1104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Centra Health	Occupation	n ancial Officer and Senior Vid	
	Receipt For:		Year-to-Date V	<u>^</u>
	Primary General	riggrogate	Tour to Bate V	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. John Borg			Date of Receipt
	Mailing Address 140 Stonebrook Road			09 14 2006
	City	State	Zip Code	Transaction ID: 13008749
	Winchester	VA	22602-6612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Mr. Douglas M. Thompson			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13008752
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
		VA	23302-3013	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
т.	OTAL This Period (last page this line number or	alv)		
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	PUEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 15 / 138
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITI	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	
or i	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
/	• • •			
/	American Hospital Association PAC			
	Full Name /Last First Middle Initial)			
	Full Name (Last, First, Middle Initial) Mr. Gary W. Kirby			Date of Receipt
	Mailing Address 204 Mill Lake Road			M M / D D / Y Y Y Y
	Walling Address 204 Will Lake Hoad			09 14 2006
	City	State	Zip Code	Transaction ID: 13008756
	Huddleston	VA	24104-3040	Amount of Each Receipt this Period
		77	21101 0010	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Carilion Medical Center	Occupation	1	7
	Carilion Medical Center	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
				·
	Full Name (Last, First, Middle Initial)			
	Ms. Mary C. Becker			Date of Receipt
	Mailing Address 7800 South Eagle Road			M M / D D / Y Y Y Y
	g			09 14 2006
	City	State	Zip Code	Transaction ID: 13091599
	Columbia	MO	65203-9017	Amount of Each Receipt this Period
	FEC ID number of contributing			07.70
	FEC ID number of contributing federal political committee.	C		27.76
	federal political committee.			27.76
	federal political committee.	Occupation		
	Name of Employer Missouri Hospital Association	Occupation Senior VI	P, Commc. & Health Improv	
	federal political committee. Name of Employer Missouri Hospital Association Receipt For:	Occupation Senior VI		
	Name of Employer Missouri Hospital Association Receipt For: Primary General	Occupation Senior VI	P, Commc. & Health Improv Year-to-Date ▼	
	federal political committee. Name of Employer Missouri Hospital Association Receipt For:	Occupation Senior VI	P, Commc. & Health Improv	
	Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify)	Occupation Senior VI	P, Commc. & Health Improv Year-to-Date ▼	
	Full Name (Last, First, Middle Initial)	Occupation Senior VI	P, Commc. & Health Improv Year-to-Date ▼	ement
D.	federal political committee. Name of Employer Missouri Hospital Associa- tion Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼	ement Date of Receipt
D.	Full Name (Last, First, Middle Initial)	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼	Date of Receipt
D .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼ 250.00	Date of Receipt 0 9 1 4 2 0 0 6
D .	Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
D .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights F City Holts Summit	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼ 250.00	Date of Receipt 0 9 1 4 2 0 0 6
	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights F City Holts Summit Federal Committee. Name of Employer Missouri Hospital Association General General Jeneral Jene	Occupation Senior VI Aggregate Road State MO	P, Commc. & Health Improv Year-to-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights F City Holts Summit	Occupation Senior VI Aggregate	P, Commc. & Health Improv Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee.	Occupation Senior VI Aggregate Road State MO	P, Commc. & Health Improv Year-to-Date ▼ 250.00 Zip Code 65043-2039	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Associa-	Occupation Senior VI Aggregate Road State MO C	P, Commc. & Health Improv Year-to-Date ▼ 250.00 Zip Code 65043-2039	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee.	Scad State MO Occupation Sr. Vice I	P, Commc. & Health Improv Year-to-Date ▼ 250.00 Zip Code 65043-2039	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights F City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association	Scad State MO Occupation Sr. Vice I	P, Commc. & Health Improvement Relation (President, Government Relation (President) (Pres	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For:	Scad State MO Occupation Sr. Vice I	P, Commc. & Health Improvence Year-to-Date ▼ 250.00 Zip Code 65043-2039 President, Government Relationship in the control of the control	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General General General General General General General	Scad State MO Occupation Sr. Vice I	P, Commc. & Health Improvement Relation (President, Government Relation (President) (Pres	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General General General General General General General	Scad State MO Occupation Sr. Vice I	P, Commc. & Health Improvement Relation (President, Government Relation (President) (Pres	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Senior VI Aggregate Road State MO C Occupation Sr. Vice I Aggregate	P, Commc. & Health Improvement Pyear-to-Date ▼ 250.00 Zip Code 65043-2039 President, Government Relative Tear-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine Mailing Address 12675 Riviera Heights R City Holts Summit FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Association Receipt For: Primary General General General General General General General	Occupation Senior VI Aggregate Road State MO C Occupation Sr. Vice I Aggregate	P, Commc. & Health Improvence Year-to-Date ▼ 250.00 Zip Code 65043-2039 President, Government Relative Tear-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 inorioan i roopital 7 looodation i 7 lo			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Kathleen C. Poff			Date of Receipt
	Mailing Address 5119 Coventry Waye			M M / D D / Y Y Y Y
	,			09 14 2006
	City	State	Zip Code	Transaction ID: 13091609
	Jefferson City	MO	65101-8284	Amount of Each Receipt this Period
	FEC ID number of contributing			07.70
	federal political committee.	C		27.76
	Name of Employer Missouri Hospital Associa-	Occupation		
	tion	1	ce President & CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
,	Full Name (Last, First, Middle Initial)			Date of Baselist
5.	Mr. Gerald M. Sill, J.D.			Date of Receipt
	Mailing Address 2906 Valley View Terrac	09 14 2006		
	City	State	Zip Code	
	Jefferson City	MO	65109-1069	Transaction ID: 13091613
	•	IVIO	65109-1069	Amount of Each Receipt this Period
	FEC ID number of contributing	C		27.76
	federal political committee.			
	Name of Employer Missouri Hospital Associa-	Occupation	n	
	Missouri Hospifal Associa- tion	Senior Vi	ce President & General Cou	nse
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
	<u> </u>			
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Roa	ad		M M / D D / Y Y Y Y
	<u> </u>		7' 0 1	09 14 2006
	City	State	Zip Code	Transaction ID: 13091614
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing	С		111.04
	federal political committee.			
	Name of Employer	Occupation	 n	┪
	Name of Employer Missouri Hospital Associa-		t and Chief Executive Officer	
	tion Receipt For:	1	Year-to-Date ▼	
	Primary General	gg. ogate	1 1 1 1 1 1	1
	Other (specify)		1000.00	
		0 0	0 0 0 0 0 0	1
0	UBTOTAL of Receipts This Page (optional)			166.56
_	obioine or receipts this rage (optional)			
т	OTAL This Period (last page this line number or	nlv)	.	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 17/138	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fro	om such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
\angle	·					
	Full Name (Last, First, Middle Initial)			Data of Descipt		
A.	Mr. Ronald J. Levy Mailing Address 21 Clermont Lane			Date of Receipt	D / Y Y Y Y	
	Vialing Address 21 Clermont Lane				4 2006	
	City	State	Zip Code	Transaction ID:	13091615	
	Saint Louis	MO	63124-1201	Amount of Each	Receipt this Period	
	FEC ID number of contributing	C			500.00	
	federal political committee.				000.00	
	Name of Employer SSM Health Care - St. Lou-	Occupation	<u> </u>	1		
	SSM Health Care - St. Lou- is	President	t & Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)					
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 1 Biotech Park				D / Y Y Y Y Y	
	Otto	01-1-	7'- 0 - 1-		4 2006	
	City	State	Zip Code	Transaction ID:		
	Worcester	MA	01605-2982	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer UMass Memorial Health Car-	Occupation	า t and Chief Executive Officer			
	e, Inc. Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	FIGAL-10-Date			
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial)			D . (D		
C.	Mr. Hank J Porten, CHE Mailing Address 575 Reech Street			Date of Receipt		
	Mailing Address 575 Beech Street			09 1	4 2006	
	City	State	Zip Code	Transaction ID:	13123460	
	Holyoke	MA	01040-2223		Receipt this Period	
	FEC ID number of contributing				1000.00	
	federal political committee.	C			1000.00	
	Name of Employer Holyoke Medical Center	Occupation	1	┪		
	Holyoke Medicál Center	President	t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify)	0 0	1000.00			
	UBTOTAL of Receipts This Page (optional)				1750.00	
\vdash						
T	TOTAL This Period (last page this line number only)					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Christine R Wray Mailing Address P O Box 527 City Leonardtown FEC ID number of contributing feederal political committee. President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code Lewiston Mr. Peter E Chaike Mailing Address 300 Main Street City Lewiston FEC ID number of contributing feederal political committee. City Lewiston Mr. Peter E Chaike Mailing Address 300 Main Street City State Zip Code Lewiston Mr. Peter E Chaike Mailing Address 300 Main Street City State Zip Code Lewiston Mr. Peter E Chaike Mile 04240-0305 FEC ID number of contributing federal political committee. City State Zip Code Lewiston Mr. Peter E Chaike Mile 04240-0305 FEC ID number of contributing federal political committee. City State Zip Code Lewiston Mr. Peter E Chaike Mile 04240-0305 FEC ID number of contributing federal political committee. City State Zip Code Lewiston Mr. Peter E Chaike Mile 04240-0305 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 138
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such the propess of soliciting contributions of for commercial purposes, other than using the name and address of any political committee. NAME OF COMMITTEE (in Full) Date of Receipt NAME OF COMMITTEE (in Full) NAM	ITEMIZED RECEIPTS				(check only one)
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Primary General 1020.00		Name of Employer St. Mary's Hospital			 r
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B. Mr. Peter E Chalke Mailing Address 300 Main Street City Lewiston FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ City State Zip Code ME 04240-0305 Amount of Each Receipt this Period Cocupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Other (specify) ▼ City Cape Elizabeth FEC ID number of contributing federal political committee. City State Zip Code ME 04107-2112 FEC ID number of contributing federal political committee. City State Zip Code ME 04107-2112 FEC ID number of contributing federal political committee. City Cape Elizabeth FEC ID number of contributing federal political committee. City Cape Elizabeth FEC ID number of contributing federal political committee. City Cape Elizabeth FEC ID number of contributing federal political committee. City Cape Elizabeth FEC ID number of contributing federal political committee. City Cape Elizabeth Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period Fransaction ID: 13123997 Amount of Each Receipt this Period				1020 00	1
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Lewiston FEC ID number of contributing federal political committee.		City	State	Zip Code	
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C. Full Name (Last, First, Middle Initial) C. Mr. William Caron Mailing Address 1195 Shore Road City Cape Elizabeth FEC ID number of contributing federal political committee. Name of Employer MaineGeneral Medical Center-Waterville Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 13123997 Amount of Each Receipt this Period C 250.00 SUBTOTAL of Receipts This Page (optional)		H ' -		250.00	1
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/138
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<u> </u>	NAME OF COMMITTEE (In Full)	ine and add	diess of any political committee to	Solicit Contributions from Such Committee.
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Sellick			Date of Receipt
٦.	Mailing Address 1959 NE Pacific St, Box 3	356151		M M / D D / Y Y Y Y
	City	State	Zip Code	0 9 1 5 2 0 0 6 Transaction ID: 13125103
	Seattle	CA	98195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Rady Children's Hospital	Occupation		
	and Health Ce Receipt For:		t and Chief Executive Officer Year-to-Date T	-
	Primary General Other (specify) ▼	, iggi ogali	1000.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Kenneth D Graham, FACHE			Date of Receipt
	Mailing Address 1035 116th Avenue NE			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13125113
	Bellevue	WA	98004-4686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Overlake Hospital Medical	Occupation	n t and Chief Executive Officer	
	Center Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Gregory G. Jones			Date of Receipt
	Mailing Address 219 Fawn Ct.			09 26 YYYY 2006
	City	State	Zip Code	Transaction ID: 13125126
	Pittsboro	IN	46167-9178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Vincent Indianapolis	Occupation		
	Hospital Receipt For:		ormation Officer • Year-to-Date ▼	-
	Primary General Other (specify) ▼	riggrogate	500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 138
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Dr. Robert C Keen, , Ph.D., F Mailing Address 4539 E. 500 N.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenfield	State IN	Zip Code 46140-9572	Transaction ID: 13125217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Hancock Regional Hospital	'	t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich			Date of Receipt
Mailing Address 4655 Running Brook			09 26 7 2006
City	State	Zip Code	Transaction ID: 13125222
Greenwood	IN	46143-9255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Four County Counseling Ce- nter	Occupatio Executive	n e Director and CEO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) C. Mr. Douglas J Leonard	•		Date of Receipt
Mailing Address 2400 East 17th Street	t		09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13125287
Columbus	IN	47201-5351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Columbus Regional Hospital		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		·····	1050.00
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\setminus	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Paul Cardwell			Date of Receipt
	Mailing Address 1407 Indian Hills			09 26 2006
	City	State	Zip Code	Transaction ID: 13125294
	Monticello	IN	47960-2729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer White County Memorial Hos- pital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Roger J Allman			Date of Receipt
	Mailing Address 510 Miles Ridge Road			09 26 2006
	City	State	Zip Code	Transaction ID: 13125340
	Madison	IN	47250-2420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	federal political committee. Name of Employer King's Daughters' Hospital	Occupation		250.00
	federal political committee.	Occupation Chief Exe	ecutive Officer	250.00
	Name of Employer King's Daughters' Hospital and Health	Occupation Chief Exe		250.00
	Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General	Occupation Chief Exe	ecutive Officer Year-to-Date	Date of Receipt
c.	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: ☐ Primary ☐ General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Chief Exe	ecutive Officer Year-to-Date	
C.	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE	Occupation Chief Exe	ecutive Officer Year-to-Date	Date of Receipt
C.	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Ct.	Occupation Chief Exe Aggregate	ecutive Officer Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Ct.	Occupation Chief Exe Aggregate	ecutive Officer Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M
C .	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Ct. City Brownsburg FEC ID number of contributing	Occupation Chief Exe Aggregate State IN	Zip Code 46112-1076	Date of Receipt M M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Ct. City Brownsburg FEC ID number of contributing federal political committee. Name of Employer	Occupation Chief Exe Aggregate State IN C Occupation President	Zip Code 46112-1076	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer King's Daughters' Hospital and Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE Mailing Address 36 Brandywine Ct. City Brownsburg FEC ID number of contributing federal political committee. Name of Employer Hendricks Regional Health Receipt For: Primary General	State IN Occupation President Aggregate	Zip Code 46112-1076 Year-to-Date ▼ 500.00	Date of Receipt M M M C D D C C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Robert S Curtis			Date of Receipt	
	Mailing Address 5505 W. Pineridge Roa	d 		09 26 2006	
	City	State	Zip Code	Transaction ID: 13125344	
	Muncie	IN	47304-3422	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Cardinal Health System	Occupation President		7	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	7	
	Other (specify) 🔻	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Dr. Worthe S. Holt, M.D.			Date of Receipt	
	Mailing Address 9714 Gulfstream Drive	09 26 2006			
	City	State	Zip Code	Transaction ID: 13125346	
	<u>Fishers</u>	IN	46037-9726	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Ope	n erating Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Peter H Alexander			Date of Receipt	
	Mailing Address 1082 Maple Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13125430	
	Noblesville	IN	46060-2836	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Elizabeth Ann Seton	Occupation			
	Hospital of Ca	Administr			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_	
	Other (specify)		250.00		
s	LUBTOTAL of Receipts This Page (optional)			1250.00	
	OTAL This Period (last page this line number o	nlv)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Bradford W Dykes			Date of Receipt
	Mailing Address 104 Windamere Circle			M M / D D / Y Y Y Y
				09 26 2006
	City	State	Zip Code	Transaction ID: 13125432
	Bedford	IN	47421-9604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bedford Regional Medical	Occupation	n t and Chief Executive Officer	
	Center Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal-10-Date V	1
	Other (specify)		250.00	
	canor (opens,), •	0 0	0 0 0 0 0 0 0	1
3.	Full Name (Last, First, Middle Initial) Mr. Chad Killian			Date of Receipt
	Mailing Address 10571 Elizabeth Crt			M M / D D / Y Y Y Y
				09 26 2006
	City	State	Zip Code	Transaction ID: 13125454
	Carmel	IN	46032-8231	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	_	
	Name of Employer St. Vincent Indianapolis	Occupation	al Officer	
	Hospital Receipt For:		Year-to-Date V	_
	Primary General	Aggregate	Teal-lo-Date ♥	1
	Other (specify)		500.00	
	and (epssily) V	0 0		
).).	Full Name (Last, First, Middle Initial) Mr. Dale M Lodge			Date of Receipt
	Mailing Address 41 Highland Avenue			M M / D D / Y Y Y Y
	The state of the s			09 15 2006
	City	State	Zip Code	Transaction ID: 13125477
	Winchester	MA	01890-1496	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Caralana	l O		_
	Name of Employer Winchester Hospital	Occupation	n t and Chief Executive Officer	,
	Receipt For:		Year-to-Date V	_
	Primary General	Aggregate	Toul to Date ▼	1
	Other (specify)		1000.00	
			1 1 1 1 1 1 1	1
S	JBTOTAL of Receipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) A. Ms. Katherine Humphreys		Date of Receipt
Mailing Address P.O. Box 935		09 / 26 / Y Y Y Y Y Y
City <u>South Bend</u>	State Zip Code IN 46624-0935	Transaction ID: 13125483
FEC ID number of contributing federal political committee.	IN 46624-0935	Amount of Each Receipt this Period 500.00
Name of Employer St. Vincent Indianapolis Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation SVP, Government Relations Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James C Cooper Mailing Address P O Box 5525		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 13125522
<u>Bismarck</u>	ND 58506-5525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MedCenter One	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Ms. Susan Maddox		Date of Receipt
Mailing Address 1620 5th Avenue Suite 725		09 / 15 / Y Y Y Y Y Y
City San Diego	State Zip Code CA 92101-2716	Transaction ID: 13125528
FEC ID number of contributing federal political committee.	C 32101-2710	Amount of Each Receipt this Period 250.00
Name of Employer Rady Children's Hospital and Health Ce Receipt For: Primary General Other (specify) ▼	Occupation President & Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	1000.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 138
			Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tomonte may	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
/	, ,			
/	American Hospital Association PAC			
	Full Name / Last First Middle Initial)			
۸	Full Name (Last, First, Middle Initial) Mr. George Hersch			Date of Receipt
٦.				-
	Mailing Address 7004 Bridgepointe Blvd.			09 15 2006
	City	State	Zip Code	
			·	Transaction ID: 13126401
	Prospect	KY	40059-9675	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			556.55
	Name of Employer			_
	Name of Employer Norton Healthcare	Occupation		
			terial Management	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
3.	Ms. Hollie Harris			Date of Receipt
	Mailing Address 1220 Harrodsburg Road			M ' M / D ' D / Y ' Y ' Y ' Y
		09 15 2006		
	City	State	Zip Code	Transaction ID: 13126407
	Lexington	KY	40504-2739	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		600.00
	Name of Employer Appalachian Regional Heal-	Occupation		
	thcare	Director of	of Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	600.00	
				1
	Full Name (Last, First, Middle Initial)			
Э.	Mr. James D. Jackson			Date of Receipt
	Mailing Address Post Office Box 668			M M / D D / Y Y Y Y
				09 15 2006
	City	State	Zip Code	Transaction ID: 13126408
	Prestonsburg	KY	41653-0668	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer	Occupation	n	
	Highlands Regional Medical Center	Chief Info	ormation Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)	1	300.00	
0	UBTOTAL of Receipts This Page (optional)			1200.00
	ODITIAL OF NECEIPLS THIS Fage (Optional)		······	
_	OTAL This Pariod (last page this line and the	also)		. [_,,
- 1	OTAL This Period (last page this line number or	пу)	.	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 138
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) Mr. Peter A Hofstetter			Date of Receipt
Mailing Address P O Box 1370			09 / 27 / 2006
City <u>S</u> aint Albans	State VT	Zip Code 05478-1370	Transaction ID: 13127407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00470 1070	250.00
Name of Employer Northwestern Medical Cent- er	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Ms. Daria V Mason			Date of Receipt
Mailing Address P O Box 547			09 / 27 / 2006
City	State	Zip Code	Transaction ID: 13127408
Barre	VT	05641-0547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central Vermont Medical Center	Occupation President	n and Chief Executive Officer	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) 5. Ms. Anne E. Cramer			Date of Receipt
Mailing Address 153 Packard Road			09 / 27 / 4 2006
City	State	Zip Code	Transaction ID: 13127409
<u>Jericho</u>	VT	05465-2025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Eggleston & Cramer	Occupation Counsel		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number or	nly)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Thomas M Driskill, , Jr.			Date of Receipt
	Mailing Address 3675 Kilauea Avenue			M M / D D / Y Y Y Y
	5 SO T MILLION THOMAS			09 27 2006
	City	State	Zip Code	Transaction ID: 13129616
	Honolulu	HI	96816-2398	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Hawaii Health Systems Cor-	Occupation	1	
	poration	President	and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Arthur A Ushijima			Date of Receipt
	Mailing Address 1099 Alakea Street, Suit	e 1100		M M / D D / Y Y Y Y
	<u></u>			09 27 2006
	City	State	Zip Code	Transaction ID: 13129617
	<u>Honolulu</u>	HI	96813-4512	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	<u> </u>		000.00
	Name of Employer	Occupation		-
	Queen's Health Systems		and Chief Executive Office	,
	Receipt For:		Year-to-Date V	-
	Primary General	Ayyreyale	Teal-lo-Date ▼	,
	Other (specify)	' '	500.00	
	Carlor (openity)			1
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Richard Cagen			Date of Receipt
	Mailing Address 1235 NE 47th Avenue			M M / D D / Y Y Y Y
	Suite 299			09 27 2006
	City	State	Zip Code	Transaction ID: 13129623
	Portland	OR	97229-8087	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
		10 "		
	Name of Employer Providence Health System	Occupation		
		1	ecutive Officer-Portland Area	1
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			1
				1250.00
S				
_	UBTOTAL of Receipts This Page (optional)		······	1230.00
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or		<u> </u>	1230.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			_
۹.	Full Name (Last, First, Middle Initial) Mr. Stanley Martinkus			Date of Receipt
	Mailing Address 2811 Tieton Drive			09 27 2006
	City	State	Zip Code	Transaction ID: 13154266
	Yakima	WA	98902-3799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Yakima Valley Memorial Ho-	Occupation	ecutive Officer	
	spital Receipt For:		Year-to-Date ▼	
	Primary General	199.194.11		
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Harold S Geller			Date of Receipt
	Mailing Address 315 North 14th Street			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13154273
	Othello	WA	99344-1297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Othello Community Hospital	Occupation		
	Receipt For:	Administr	Year-to-Date ▼	_
	Primary General	Aggregate	Teal-to-Date V	
	Other (specify) ▼	0 0	250.00	
·	Full Name (Last, First, Middle Initial) Mr. Lloyd R. Musselman			Date of Receipt
•	Mailing Address 165 South 29rd Street			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13154274
	Federal Way	WA	98003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Highline Medical Center	Occupation		7
			ancial Officer Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
	. 3 (1 7			
т	OTAL This Period (last page this line number only	v)	•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 138
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			_
۹.	Full Name (Last, First, Middle Initial) Mr. Gary V Peck			Date of Receipt
	Mailing Address P O Box 197			09 / 27 / 4 9 9
	City	State	Zip Code	Transaction ID: 13154275
	Chewelah	WA	99109-0197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	St Incenhic Hocnital	Occupation Administr		
			Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Paul Tucker			Date of Receipt
	Mailing Address 16251 Sylvester Road SW	V		09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13154276
	Seattle	WA	98166-3052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Highline Medical Center	Occupation		
			ecutive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	375.00	
		0 0		
•	Full Name (Last, First, Middle Initial) Mr. Kevin Ewanchyna			Date of Receipt
-•	Mailing Address 3996 NW Walnut Ct.			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13154363
	Corvallis	OR	97330-1072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Samaritan Health Services	Occupation	1	7
			sident Medical Affairs	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	250.00	
	Office (Specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			875.00
	. 3 (1 3)			
т	OTAL This Period (last page this line number only	<i>(</i>)	b	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 30 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)	
	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	n for the purpose of solici	ting contributions such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Richard Stenson			Date of Receipt	
<i>-</i>	Mailing Address 335 SE Eighth Avenue			M M / D D D 0 9 27	2006
	City	State	Zip Code	Transaction ID: 13	
	Hillsboro	OR	97123-4246	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tuality Healthcare	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Keith Marton, MD			Date of Receipt	
	Mailing Address 3338 SW Fairmount La	ne		09 27	2006
	City	State	Zip Code	Transaction ID: 13	3154377
	Portland	OR	97239-1446	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Legacy Health System	Occupation Senior Vi	n ce President & CMO	7	
	Receipt For:		e Year-to-Date ▼		
	Primary General				
	Other (specify) 🔻		250.00		
C.	Full Name (Last, First, Middle Initial) Ms. Pamela S Vukovich			Date of Receipt	
	Mailing Address 1919 NW Lovejoy Street	et		09 / 27	2006
	City	State	Zip Code	Transaction ID: 13	3154378
	Portland	OR	97209-1503	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Legacy Health System		ce President and Chief Finar	10	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)		·····		750.00
Т	OTAL This Period (last page this line number o	nly)	>		

20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 / 138
			Use separate schedule(s)	(check only one)
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Any	r information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\ 1	NAME OF COMMITTEE (In Full)			
<i>\</i>	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Lee Domanico			Date of Receipt
-	Mailing Address 1919 NW Lovejoy Stree	t		09 / 27 / 4 2006
(City	State	Zip Code	Transaction ID: 13154379
-	Portland	OR	97209-1503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Ī	Name of Employer Legacy Health System	Occupation	n t and Chief Executive Officer	
Ī	Receipt For:	1	e Year-to-Date ▼	
	Primary General	33 -3	1 1 1 1 1 1	1
	Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Mr. Matthew Calais			Date of Receipt
Ī	Mailing Address 1919 Northwest Lovejoy	Street		09 27 7 2006
(City	State	Zip Code	Transaction ID: 13154380
-	Portland	OR	97209-1503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Ī	Name of Employer Legacy Health System	Occupation	n nd Chief Information Officer	
ī	Receipt For:	1	Year-to-Date V	\dashv
	Primary General	Aggregate	r rear-to-date V	1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Powell C. Groner, III			Date of Receipt
Ī	Mailing Address 27080 SW Xanthus Cou	ırt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zip Code	Transaction ID: 13154387
	Sherwood	OR	97140-8448	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
Ī	Name of Employer Legacy Health System	Occupation Sr. Vice I	n President & Chief Legal Cou	ns
Ī	Receipt For:		e Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼		250.00	
su	IBTOTAL of Receipts This Page (optional)			1000.00
_			<u> </u>	
TC	OTAL This Period (last page this line number or	าly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ai	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	r not be sold or used by any persor Iress of any political committee to :	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ac			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Russ Danielson			Date of Receipt
	Mailing Address 1926 Aztec Court			M M / D D / Y Y Y Y
	0:4.	\1-1-	7:- Code	09 27 2006
	-	State DR	Zip Code	Transaction ID: 13155517
		<u> </u>	97068-4804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		500.00
	Name of Employer	cupation	1	-
	Providence St Vincent Me	•	President/CEO-Oregon Regio	on
	diodi Contoi		Year-to-Date ▼	
	Primary General			
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. David T Underriner			Date of Receipt
	Mailing Address 4805 NE Glisan Street			M M / D D / Y Y Y Y
				09 27 2006
	•	State	Zip Code	Transaction ID: 13155518
	Portland C	<u>DR</u>	97213-2933	Amount of Each Receipt this Period
	FEC ID number of contributing	<u>. </u>		250.00
	federal political committee.			
	Name of Employer Providence Portland Medic-	cupation	1	1
	Providence Portland Medic- al Center Ch	nief Exe	ecutive Officer	
		ggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify)	1 1	230.00	
_	Full Name (Look First Middle 1995)			
C.	Full Name (Last, First, Middle Initial) Dr. Craig Wright, MD.			Date of Receipt
	Mailing Address 731 SW Bancroft Terrace			M M / D D / Y Y Y Y
				09 27 2006
	•	State	Zip Code	Transaction ID: 13155519
	Portland C	<u>DR</u>	97239-4157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	<u>. </u>		500.00
	federal political committee.			
	Name of Employer Oc Providence Portland Medic-	cupation	1	1
	al Center CE	0		
		ggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
$\overline{}$				
_	PURTOTAL of Donointe This Done (entire all)		_	1250.00
\vdash	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
,	OTAL This Period (last page this line number only)		•	
	This i chou (last page this line number only)		······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸۰	y information copied from such Reports and St	otomonto mo	, not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. June Chrisman			Date of Receipt
	Mailing Address 9205 SW Barnes Road			09 27 7 2006
	City	State	Zip Code	Transaction ID: 13155522
	Portland	OR	97225-6684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Providence St. Vincent Me- dical Center	Occupation Director I	n Human Resources	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Terry Smith			Date of Receipt
	Mailing Address 2525 NW 133 Pl.			09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13155525
	Portland	OR	97229-4571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Providence Portland Medic- al Center	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Cheryl Bentley			Date of Receipt
•	Mailing Address PO Box 1017			0 9 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13163874
	Brighton	CO	80601-1017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Platte Valley Medical Cen-	Occupation	n sident Operations	
		Vice Pres	sident Operations	
	Platte Valley Medical Center Receipt For:		Year-to-Date ▼	
	ter Receipt For: Primary General		Year-to-Date ▼	7
	ter Receipt For:		•	
s	ter Receipt For: Primary General	Aggregate	Year-to-Date ▼ 250.00	1000.00

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3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Karl B Gills			Date of Receipt
	Mailing Address 1024 Central Park Driv	е		09 27 2006
	City	State	Zip Code	Transaction ID: 13163876
	Steamboat Springs	CO	80487-8813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Yampa Valley Medical Cent- er		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth E S Platou			Date of Receipt
	Mailing Address 800 South Third Street			M M / D D / Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13163886
	Montrose	CO	81401-4291	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Familian	10	_	_
	Name of Employer Montrose Memorial Hospital	Occupation		
			ecutive Officer	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Cirier (specify)			1
_	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Mr. John R Hicks			Date of Receipt
	Mailing Address 1850 Egbert Street			09 27 2006
	City	State	Zip Code	Transaction ID: 13163920
	Brighton	CO	80601-2404	Amount of Each Receipt this Period
			56661 2161	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Platte Valley Medical Cen-	Occupation	n	7
	Platte Valley Médical Cen- ter	Presiden	t and Chief Executive Office	r
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		250.00	
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_	UBTOTAL of Receipts This Page (optional)			750.00
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21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 / 138
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IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kenneth L. Kuebler			Date of Receipt
	Mailing Address 1004 Carriage Court			09 27 2006
	City	State	Zip Code	Transaction ID: 13164210
	Jefferson City	MO	65109-5741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Missouri Hospital Associa- tion	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mitch Leupp			Date of Receipt
	Mailing Address P O Box 399			09 / 27 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13164587
	Stanley	ND	58784-0399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		285.00
	Name of Employer Mountrail County Medical Center	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		285.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mitch Leupp			Date of Receipt
٠.	Mailing Address P O Box 399			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13164588
	Stanley	ND	58784-0399	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer Mountrail County Medical	Occupation		
	Center	Administ		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		365.00	
S	UBTOTAL of Receipts This Page (optional)			615.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 Transaction ID: 13164956 Amount of Each Receipt this Per	ee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Coccupation Chief Executive Officer Aggregate Year-to-Date ▼	16 17 ons ee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Transaction ID: 13164956 Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Aggregate Year-to-Date ▼	ons ee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 Transaction ID: 13164956 Amount of Each Receipt this Per PEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Aggregate Year-to-Date ▼	ee.
A. Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Name of Employer Anna Jaques Hospital Receipt For: American Hospital Association PAC Date of Receipt Transaction ID: 13164956 Amount of Each Receipt this Per C 25	0 6
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Name of Employer Anna Jaques Hospital Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼	0 6
A. Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital C Cupation Chief Executive Officer Receipt For: Date of Receipt Transaction ID: 13164956 Amount of Each Receipt this Per 25	0 6
City State Zip Code Transaction ID: 13164956 Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼	0 6
Newburyport MA 01950-3867 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. C 25 Name of Employer Anna Jaques Hospital Occupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼	1
FEC ID number of contributing federal political committee. Name of Employer Anna Jaques Hospital Chief Executive Officer	1
federal political committee. Name of Employer Anna Jaques Hospital Receipt For: Occupation Chief Executive Officer Aggregate Year-to-Date ▼	0.00
Anna Jaques Hospital Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼	
Primary Conord	
500 00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Mr. Paul W. Allison Date of Receipt	
	YY
	0.6
City State Zip Code Transaction ID: 13164957	
Bedford MA 01730-1264 Amount of Each Receipt this Per	iod
FEC ID number of contributing federal political committee.	0.00
Name of Employer Occupation Cambridge Health Alliance General Counsel	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 250.00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Mr. Dennis D Keefe Date of Receipt	
	0.6
City State Zip Code Transaction ID: 13164961	
Cambridge MA 02139-1099 Amount of Each Receipt this Per	iod
FEC ID number of contributing federal political committee.	0.00
Name of Employer Occupation Cambridge Health Alliance Chief Executive Officer	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 750.00	
Other (specify) ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 37 / 138 (check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen Cumbie Mailing Address 837 Mackall Drive			Date of Receipt
	City	State	Zip Code	0 9 2 7 2 0 0 6 Transaction ID: 13170027
	McLean	VA	22101-1615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Inova Health System	Occupation Manager	n & Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. George W Dawson			Date of Receipt
	Mailing Address 1920 Atherholt Road			09 27 2006
	City	State	Zip Code	Transaction ID: 13170029
	Eynchburg FEC ID number of contributing federal political committee.	C	24501-1104	Amount of Each Receipt this Period 250.00
	Name of Employer Centra Health	Occupation Presiden	n t and Chief Executive Office	-
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall			Date of Receipt
	Mailing Address 11513 Kingswood Blvd.			09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13170032
	Fredericksburg FEC ID number of contributing federal political committee.	C	22408-1882	Amount of Each Receipt this Period 250.00
	Name of Employer Medicorp Health System	Occupation	n e Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Llea coparata cobadula(c)	FOR LINE NUMBER: PAGE 38 / 138
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIMIZED TIECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Michael Taylor			Date of Receipt
	Mailing Address 533 Kings Grant Road			09 27 2006
	City	State	Zip Code	Transaction ID: 13170038
	Virginia Beach	VA	23452-7051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sentara Healthcare	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. James L Woodward			Date of Receipt
	Mailing Address P O Box 3340			09 27 2006
	City	State	Zip Code	Transaction ID: 13170042
	Winchester	VA	22604-3340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Winchester Medical Center	Occupation President	n t and Chief Administrative O	ff
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Terry Sinclair, , M.D.			Date of Receipt
	Mailing Address P O Box 3340			09 / 27 / 4 9 9
	City	State	Zip Code	Transaction ID: 13170076
	Winchester	VA	22604-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Senior Vi	n ce President Medical Staff A	f
-			Year-to-Date ▼	
			250.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 138
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An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Lois L. Kercher, RN, DNSc			Date of Receipt
	Mailing Address 1349 Graydon Avenue			09 27 2006
	City	State	Zip Code	Transaction ID: 13170077
	Norfolk	VA	23507-1008	
		VA	23307-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Virginia Beach Ge-	Occupation Vice Pres	n sident/Nurse Executive	7
	neral Hospita Receipt For:	1	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Candace Quinn			Date of Receipt
٠.	Mailing Address 624 Live Oak Drive			M M / D D / Y Y Y Y
	Walling Address 024 Live Oak Drive			09 27 2006
	City	State	Zip Code	Transaction ID: 13170078
	McLean	VA	22101-1562	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
	Inova Health System		ce President	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify)	1	250.00	
`	Full Name (Last, First, Middle Initial) Ms. Virginia Blair			Date of Receipt
٠.	Mailing Address 4109 Plymbridge Lane			M M / D D / Y Y Y Y
	4109 Lightburge Lane			09 27 2006
	City	State	Zip Code	Transaction ID: 13170079
	Woodbridge	VA	22192-5133	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	 n	\dashv
	Name of Employer Prince William Health Sys-	Vice Pres		
	tem Receipt For:		e Year-to-Date ▼	
	Primary General	13 0		1
	Other (specify)		250.00	
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or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contribution	or soliciting contributions as from such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Victor J. Dipilla			Date of Rec	<u> </u>
	Mailing Address 110 Stearns Avenue			0 9	27 2006
	City	State	Zip Code		ID: 13170580
	Cincinnati	OH	45215-4334		Each Receipt this Period
	FEC ID number of contributing		102.0 .00	7 tillodrit of E	
	federal political committee.	C			250.00
				_	
	Name of Employer Christ Hospital	Occupation			
			enior Vice President • Year-to-Date ▼	_	
	Receipt For: Primary General	Aygregate	rear-to-Date V	.	
	Other (specify)		250.00		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.				Date of Rec	eipt
	Mailing Address 759 Chestnut Street			0 9	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		
	Springfield	MA	01199-1001		ID: 13172553
		IVIA	01199-1001	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Baystate Health, Inc.	Occupation			
			t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		500.00		
	Cuter (openity)	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Mary M. Covington			Date of Rec	eipt
	Mailing Address 123 Briarwood Drive			0 9	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Cit.	Ctata	7:n Codo		
	City Carrollton	State GA	Zip Code 30117-4104		ID: 13174161
		GA	30117-4104	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tanner Medical Center	Occupation	n		
		Trustee			
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		500.00		
	Carlor (Speedily)				
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s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number	only)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 138
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Wendy Lyons			Date of Receipt
	Mailing Address 3621 Wells Fargo Avenu			09 / 27 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13174169
	Scottsdale	AZ	85251-5607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Scottsdale Healthcare	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Ms. Mary Henrikson			Date of Receipt
	Mailing Address 3003 Health Center Drive	09 / 27 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13174172
	San Diego	CA	92123-2700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sharp Mary Birch Hospital	Occupation		
	For Women		erating Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard MacArthur, M.D.			Date of Receipt
	Mailing Address 1122 Carriage Road			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13174236
	Tallahassee	<u>FL</u>	32312-2502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Tallahassee Memorial Heal- thCare	Occupation Senior Vi	n ce President and Chief Medi	ca
	Receipt For:	I	e Year-to-Date ▼	7
	Primary General		050.00	
	Other (specify) ▼		250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 42 / 138		
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	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$ \rangle$	American Hospital Association PAC					
	7 interiodit i loopital 7 loodelation 1 7 lo					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. G. Mark O'Bryant			Date of Receipt		
	Mailing Address 9616 Deer Valley Drive			09 27	2006	
	City	State	Zip Code	Transaction ID: 13		
	Tallahassee	FL	32312-4245	Amount of Each Re		
		16	32312-4243	Amount of Each Ne	ceipi inis Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Tallahassee Memorial Heal-	Occupation				
	thCare		ce President & COO			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	500.00			
	Other (specify)	0 0		1		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 2619 Blue Hernon Circl	е		M M / D D	/ Y Y Y Y	
	-			09 27	2006	
	City	State	Zip Code	Transaction ID: 13		
	Roanoke	VA	24018-5133	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.					
	Name of Employer Carilion Health System	Occupation	า	7		
	Carillon Health System	Vice Pres	sident			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		200.00			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Richard Magenheimer			Date of Receipt		
	Mailing Address 8110 Gatehouse Road			M M / D D	/ Y Y Y Y	
				09 27	2006	
	City	State	Zip Code	Transaction ID: 13	203631	
	Falls Church	VA	22042-1210	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.	0				
	Name of Employer	Occupation	1			
		Chief Fin	ancial Officer			
		Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		230.00			
_						
SUPTOTAL of Descripto This Descripto (entional)						
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>			
_	OTAL This David (Instrument With Processes)	ادرامد				
T I	OTAL This Period (last page this line number of	ліу)				

Ç/	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER:	PAGE 43 / 138
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	27.100
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. John Grish			Date of Receipt	
	Mailing Address 37705 Chappelle Hill Ro	ad		09 / 27	2006
	City	State	Zip Code	Transaction ID: 13	3203633
	Purcellville	VA	20132-4007	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Inova Loudoun Hospital	Occupation	n anacial Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0		1	
	Other (specify) ▼		250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Thomas C. Jividen			Date of Receipt	
	Mailing Address 2713 Greenhill Avenue	09 / 27	2006		
	City	State	Zip Code	Transaction ID: 13	3203637
	Lynchburg	VA	24503-2923	Amount of Each Re	
	FEC ID number of contributing				
	federal political committee.	C			250.00
	Name of Employer Centra Health	Occupation			
			ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
		0 0	0 0 0 0 0 0 0	1	
Э.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Long			Date of Receipt	
	Mailing Address 8316 Shady Ridge Lane			09 / 27	2006
	City	State	Zip Code	Transaction ID: 13	3203641
	Mechanicsville	VA	23116-1803	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				100.00
	federal political committee.	C			100.00
	Name of Employer Virginia Hospital & Healt-	Occupation			
	hcare Associa	Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00	11	
	Other (specify)	0 0			
s	UBTOTAL of Receipts This Page (optional)				600.00
_					
T	OTAL This Period (last page this line number or	ıly))		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 44 / 138		
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Currintary 1 age	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald Seager			Date of Receipt		
	Mailing Address 7509 Mendota Place			09 27 2006		
	City	State	Zip Code	Transaction ID: 13203649		
	Springfield	VA	22150-4123	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Inova Health System	Occupation Chief Op	n erating Officer			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		050,00	1		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Ms. Donna Littlepage			Date of Receipt		
	Mailing Address 610 Broce Drive			M M / D D / Y Y Y Y		
				09 27 2006		
	City	State	Zip Code	Transaction ID: 13203653		
	Blacksburg	VA	24060-2802	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupation	ı			
	Carilion Health System	Vice Pres	sident, Finance			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0	250.00			
_	Full Name (Last, First, Middle Initial)			2. (2.)		
Ċ.	Ms. Cynthia Kilgore Mailing Address 9888 Becket Ct			Date of Receipt		
				09 27 2006		
	City	State	Zip Code	Transaction ID: 13203654		
	<u>Fairfax</u>	VA	22032-2412	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Inova Health System	Occupation Administr				
	Receipt For:		Year-to-Date ▼			
	Primary General	-50		1		
	Other (specify) ▼		250.00			
	-					
s	UBTOTAL of Receipts This Page (optional)			750.00		
\vdash						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 45 / 138
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soll solicit contributions from	nciting contributions m such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Katherine Reeves			Date of Receipt	
	Mailing Address 10175 Bevoir Drive			09 / 2	7 2006
	City	State	Zip Code	Transaction ID:	13203658
	Fort Belvoir	VA	22060-2119	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Inova Health System	Occupation Administ			
	Receipt For:	1	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00]	
 3.	Full Name (Last, First, Middle Initial) Ms. Melina Dee Perdue			Date of Receipt	
	Mailing Address 101 Elm Avenue SE			09 / 2	
	City	State	Zip Code	Transaction ID:	13203664
	Roanoke	VA	24013-2222	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Carilion Health System	Occupation			
			ice President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
- C.	Full Name (Last, First, Middle Initial) Mr. Edward Caldwell			Date of Receipt	
	Mailing Address 6642 Sugar Ridge Drive	SW		09 2	
	City	State	Zip Code	Transaction ID:	
	Roanoke	VA	24018-7632	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Carilion Health System	Occupation Executive	n e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 138	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	, , , , , , , , , , , , , , , , , , , 	
or	for commercial purposes, other than using the	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Ms. Linda Sallee			Date of Receipt	
	Mailing Address 900 North Stuart			09 27 2006	
	City	State	Zip Code	Transaction ID: 13203667	
	Arlington	VA	22203-4101	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Inova Health System	Occupation Assistant	Nice President		
	Receipt For:		Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Ms. Walter J Kiwall			Date of Receipt	
	Mailing Address 1001 Sam Perry Boulev	/ard		09 27 2006	
	City	State	Zip Code	Transaction ID: 13203668	
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice Presidentand Chief O	per	
	Receipt For:	Aggregate	Year-to-Date ▼	<u>. </u>	
	Primary General		250.00	1	
	Other (specify) ▼	0 0	0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Charlie M. Horton			Date of Receipt	
	Mailing Address 137 Old Forest Circle			09 / 27 / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13203733	
	Winchester	VA	22602-6627	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		225.00	
	Marron Mamarial Hagnital		n t and CEO		
		Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0			
S	UBTOTAL of Receipts This Page (optional)			625.00	
	. 3 (1)				
T	OTAL This Period (last page this line number of	only)			

30	HEDIII E A /EEC Earm 3Y\			FOR LINE NUMBER: PAGE 47 / 138
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δη	y information copied from such Reports and Sta	tamente mai	not be sold or used by any nerse	
or f	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
	• • •			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
	Mr. James C Hughes			Date of Receipt
	Mailing Address 8110 Gatehouse Road			M M / D D / Y Y Y Y
	Walling Address 8110 Gateriouse Hoad			09 27 2006
	City	State	Zip Code	Transaction ID: 13203736
	Falls Church	VA	22042-1210	Amount of Each Receipt this Period
		77	220 12 1210	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Inova Health System	Occupation	1	
	Inova Health System	Chief Co	porate Services Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			7
	Other (specify)		250.00	
				"
	Full Name (Last, First, Middle Initial)			
	Mr. Hugh Thornhill			Date of Receipt
	Mailing Address 213 S. Jefferson Street			M M / D D / Y Y Y Y
	Suite 830			09 27 2006
	City	State	Zip Code	Transaction ID: 13203739
	Roanoke	VA	24011-1705	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
				
	Name of Employer Carilion Health System	Occupation		
	Carilion Health System	Vice Pres	sident	
	Receipt For:	Vice Pres		
	Receipt For: Primary General	Vice Pres	ident Year-to-Date ▼	1
	Receipt For:	Vice Pres	sident	
	Receipt For: Primary General Other (specify)	Vice Pres	ident Year-to-Date ▼	
	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Vice Pres	ident Year-to-Date ▼	Date of Resoint
-	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan	Vice Pres	ident Year-to-Date ▼	Date of Receipt
-	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Vice Pres	ident Year-to-Date ▼	M M / D D / Y Y Y Y
.	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct.	Vice Pres Aggregate	sident Year-to-Date ▼ 250.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct.	Vice Pres Aggregate	Sident Year-to-Date ▼ 250.00 Zip Code	M M M 27 2006 Transaction ID: 13203743
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean	Vice Pres Aggregate	sident Year-to-Date ▼ 250.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing	Vice Pres Aggregate State VA	Sident Year-to-Date ▼ 250.00 Zip Code	M M M 27 2006 Transaction ID: 13203743
.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean	Vice Pres Aggregate	Sident Year-to-Date ▼ 250.00 Zip Code	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer	Vice Pres Aggregate State VA	Zip Code 22102-2511	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee.	State VA C Occupation	Zip Code 22102-2511	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer	State VA C Occupation Director of	Zip Code 22102-2511	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System	State VA C Occupation Director of	Zip Code 22102-2511 of Surgery Year-to-Date ▼	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For:	State VA C Occupation Director of	Zip Code 22102-2511 of Surgery	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General	State VA C Occupation Director of	Zip Code 22102-2511 of Surgery Year-to-Date ▼	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General	State VA C Occupation Director of	Zip Code 22102-2511 of Surgery Year-to-Date ▼	Transaction ID: 13203743 Amount of Each Receipt this Period 250.00
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify) Other (specify)	State VA C Occupation Director of Aggregate	Zip Code 22102-2511 of Surgery Year-to-Date ▼ 250.00	Transaction ID: 13203743 Amount of Each Receipt this Period 250.00
D .	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Moynihan Mailing Address 1170 Huntover Ct. City McLean FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General	State VA C Occupation Director of Aggregate	Zip Code 22102-2511 of Surgery Year-to-Date ▼ 250.00	Transaction ID: 13203743 Amount of Each Receipt this Period 250.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 138	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	, , , , , , , , , , , , , , , , , , , 	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Ms. Marcia Riley			Date of Receipt	
	Mailing Address 14808 Silverstone Drive)		09 27 2006	
	City	State	Zip Code	Transaction ID: 13203749	
	Silver Spring	MD	20905-7427	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Inova Health System	Occupation Chief Lea	n arning Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify)	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Steven E. Brown			Date of Receipt	
	Mailing Address 15257 Surrey House			09 27 2006	
	City	State	Zip Code	Transaction ID: 13203750	
	Centreville	VA	20120-1179	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Inova Fairfax Hospital	Occupation Vice Pres	n sident & Administrator		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify)	0 0	250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Lars Houmann			Date of Receipt	
	Mailing Address 601 East Rollins Street			09 14 2006	
	City	State	Zip Code	Transaction ID: 13214701	
	Orlando	FL	32803-1248	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
Florida Hospital Presi Receipt For: Aggre Primary General		Occupation President			
		Aggregate	Year-to-Date ▼		
			250.00	1	
	Other (specify)		230.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
\vdash	,				
T	OTAL This Period (last page this line number of	only))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 138
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. James R Nathan			Date of Receipt
	Mailing Address 636 Del Prado Bouleva	rd		09 14 2006
	City	State	Zip Code	Transaction ID: 13214712
	Cape Coral	<u>FL</u>	33990-2695	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Cape Coral Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Rozek			Date of Receipt
	Mailing Address 3100 SW 62nd Avenue			09 14 2006
	City	State	Zip Code	Transaction ID: 13214717
	Miami	<u>FL</u>	33155-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Miami Children's Hospital	Occupation President	n t and Chief Executive Office	,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Steven M Johnson			Date of Receipt
	Mailing Address P O Box 59515			09 14 2006
	City	State	Zip Code	Transaction ID: 13214732
	Panama City	FL	32402-2515	Amount of Each Receipt this Period
Pay Madical Contar		C		500.00
		Occupation President	n t and Chief Executive Office	,
	Receipt For: Primary General Agg		e Year-to-Date ▼	
			500.00	1
	Other (specify) ▼	0 0	300.00	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
H			·	
T	OTAL This Period (last page this line number of	only)		

_				FOR LINE NUMBER DAGE 50 / 400
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 138 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Patrick J. Madden			Date of Receipt
	Mailing Address 1941 East Lloyd Street			09 14 2006
	City	State	Zip Code	Transaction ID: 13220991
	Pensacola	FL	32503-6064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sacred Heart Hospital of	Occupation		7
	Pensacola		t & Chief Executive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
_				
В.	Full Name (Last, First, Middle Initial) Mr. Brian K Woodliff			Date of Receipt
	Mailing Address P O Box 1008			M " M / D " D / Y " Y " Y " Y
	Cit.	Otata	7in Oada	09 14 2006
	City Tahlequah	State OK	Zip Code 74465-1008	Transaction ID: 13221351
		OK	74463-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tahlequah City Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kathie Calbone			Date of Receipt
	Mailing Address 3300 NW Expressway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13221365
	Oklahoma City	OK	73112-4999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Integris Baptist Medical	Occupation		7
	Center	Vice Pres		_
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General Other (specify)	, ,	250.00	
	Other (specify) \		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			750.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Patricia Andersen			Date of Receipt
	Mailing Address 4001 Innsbrook Court			M M / D D / Y Y Y Y Y O O O O
	City	State	Zip Code	Transaction ID: 13221611
	Norman	OK	73072-4233	Amount of Each Receipt this Period
		UIX.	70072 4200	Amount of Each Medelpt this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oklahoma Hospital Associa- tion	Occupation VP, Final	nce & Information Services	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Davis			Date of Receipt
	Mailing Address 4414 Manchester Court			M M / D D / Y Y Y Y
		09 12 2006		
	City	State	Zip Code	Transaction ID: 13221612
	Norman	OK	73072-3915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	
	Oklahoma Hospital Associa- tion		e Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Shane Dunning			Date of Receipt
	Mailing Address P O Box 97			09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13221613
	Carnegie	OK	73015-0097	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Carnegie Tri-County Munic- ipal Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
			•	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 52 / 138
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in ordan riospital 7 toossiation i 7 to				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Sheryl R. McLain, MS			Date of Receipt	
	Mailing Address 2301 Steeplechase Roa	ad		0 9 1 2	
	City	State	Zip Code		
	Edmond	OK	73034-5893	Transaction ID: 13	
		OK	73034-3693	Amount of Each Re	eept this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Oklahoma Hospital Associa-	Occupation			
	tion		sident, Communications		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 333 North Madison Stre	eet		M M / D D	/ Y
				09 27	
	City	State	Zip Code	Transaction ID: 13	3223819
	<u>Joliet</u>	<u> </u>	60435-8200	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			300.00
	federal political committee.				
	Name of Employer Provena Saint Joseph Medi-	Occupation	า		
	Provena Saint Joseph Medi- cal Center	Chairmai	า		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)		300.00		
	Full Name (Last First Mills Live N			1	
C.	Full Name (Last, First, Middle Initial) Mr. Keith Allen Page			Date of Receipt	
٠.	Mailing Address 6800 State Route 162			M M / D D	/ Y
	a g a a a a a a a a a a a a a a a a a a			09 27	
	City	State	Zip Code	Transaction ID: 13	3223820
	Maryville	<u> </u>	62062-8500	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			125.00
	federal political committee.				123.00
			า		
Anderson Höspital		Occupation President	t and Chief Executive Officer		
		Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼			075.00		
			375.00		
_					
					925.00
S	UBTOTAL of Receipts This Page (optional)		······		923.00
T	OTAL This Period (last page this line number of	only)			

2	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 53 / 138
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	atomonte may	unot be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
/	, ,			
/	American Hospital Association PAC			
_	Full Nieuw (Laut Frank Natable Latter)			
Δ	Full Name (Last, First, Middle Initial) Mr. James H Skogsbergh			Date of Receipt
٦.				<u> </u>
	Mailing Address 2025 Windsor Drive			09 27 2006
	City	State	Zip Code	
	· ·		·	Transaction ID: 13223821
	Oak Brook	IL	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	None of Franksia			-
	Name of Employer Advocate Health Care	Occupation		
			t and Chief Executive Officer	-
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
3.	Dr. Lee Sacks, , M.D.			Date of Receipt
	Mailing Address 2025 Windsor Drive	M M / D D / Y Y Y Y		
		09 27 2006		
	City	State	Zip Code	Transaction ID: 13223822
	Oak Brook	<u>IL</u>	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	Name of Employer Advocate Health Care	Occupation		
	Advocate Fleatiff Gare	Executive	e Vice President and Chief M	le d
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	200.00	
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. David S. Fox			Date of Receipt
	Mailing Address 3815 HIghland Avenue			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13223823
	Downers Grove	IL	60515-1500	Amount of Each Receipt this Period
	FEC ID number of contributing			000.00
	federal political committee.	C		300.00
	Name of Employer Central DuPage Hospital	Occupation		
	Central Dur age Hospital		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	202.22	
	Other (specify) ▼		800.00	
SI	UBTOTAL of Receipts This Page (optional)			1100.00
	22. 2.7.2 of thosopic this tago (optional)		······································	-
т,	OTAL This Period (last page this line number o	nhv)		. [
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S	CHEDULE A (FEC Form 3X)		Llea coparata cobadula(c)	FOR LINE NUMBER: PAGE 54 / 138
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
"	EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ai or	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Annmarie Errichetti, , M.D.			Date of Receipt
	Mailing Address 17800 South Kedzie Av			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13223824
	Hazel Crest	<u>IL</u>	60429-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Advocate South Suburban Hospital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Brad Billings			Date of Receipt
	Mailing Address 722 Eagle Trace			09 / 27 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13223825
	Quincy	IL	62305-6201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Blessing Hospital	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	425.00	7
	Other (specify)	0 0	425.00	
C.	Full Name (Last, First, Middle Initial) Mr. Maureen A. Kahn			Date of Receipt
	Mailing Address 812 Springlake Drive			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13223826
	Quincy	<u> </u>	62301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Blessing Hospital	Occupation President	n t & Chief Executive Officer	
Receipt For:		Aggregate	e Year-to-Date ▼	
	Primary General		270.00	7
	Other (specify) ▼		370.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
			<u> </u>	
I T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 138
ITEMIZED RECEIPTS		or each category of the		(check only one)
••		Detailed Summary Page		X 11a 11b 11c 12 15 16 17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE			Date of Receipt
	Mailing Address 2239 Charter Point Driv	/e		09 27 2006
	City	State	Zip Code	Transaction ID: 13223828
	Arlington Heights	IL	60004-7226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Evanston Northwestern Hea- Ithcare	Occupation President	n t, Hospitals and Clinics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Barbara Martin			Date of Receipt
	Mailing Address 1324 North Sheridan R	oad		09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13223829
	Waukegan	IL	60085-2161	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Vista Medical Center West	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1457.50	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Leo F Childers, , Jr., FAC			Date of Receipt
	Mailing Address 605 North 12th Street			09 27 YYYY 2006
	City	State	Zip Code	Transaction ID: 13223830
	Mount Vernon	<u> </u>	62864-2899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Good Samaritan Regional Health Center	Occupation President	<u>t</u>	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 138
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Mary Lou Mastro			Date of Receipt
Mailing Address 852 West Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13223832
<u>Naperville</u>	IL	60540-6400	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	125.00
federal political committee.	C		123.00
Name of Employer Linden Oaks Hospital at	Occupation	n ecutive Officer	
Edward Receipt For:		e Year-to-Date V	-
Primary General	, iggi ogaic		1
Other (specify) ▼	0 0	450.00	
Full Name (Last, First, Middle Initial)			
Mr. David T Ochs			Date of Receipt
Mailing Address 2500 West Reynolds			09 27 2006
City	State	Zip Code	Transaction ID: 13223833
Pontiac	<u>IL</u>	61764-2194	Amount of Each Receipt this Period
FEC ID number of contributing	С		300.00
federal political committee.	<u> </u>		555.55
Name of Employer OSF Saint James - John W.	Occupation		7
Albrecht Med	Administ		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	305.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) Mr. James M. Sanger			Date of Receipt
Mailing Address 20 Clear Lake			M M / D D / Y Y Y Y Y
City	State	Zip Code	0 9 2 7 2 0 0 6 Transaction ID: 13223834
<u>Centralia</u>	IL	62801-3720	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		300.00
Name of Employer St. Mary's Hospital	Occupation		\exists
Receipt For:		t and Chief Executive Officer e Year-to-Date The Control of the	-
Primary General	, iggi ogale		1
Other (specify) ▼		800.00	
SUBTOTAL of Receipts This Page (optional)		·····	725.00
TOTAL This Period (last page this line number o	nly))	

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 57 / 138
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	y information copied from such Reports and St	atements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Wayne M Lerner, DPH			Date of Receipt
	Mailing Address 1025 Glenview Road			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13223835
	Glenview	IL	60025-3134	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Rehabilitation Institute	Occupation		
	of Chicago		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial)			Date of Respiret
D.		011		Date of Receipt
	Mailing Address 640 West Washington	09 27 2006		
	City	State	Zip Code	
	Pittsfield	IL	62363-1350	Transaction ID: 13223836
		IL.	62363-1330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political committee.			
	Name of Employer Illini Community Hospital	Occupation	า	
	Illini Communitý Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)	1	377.50	
				•
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Richard B Floyd			Date of Receipt
	Mailing Address 934 Center Street			09 27 2006
	Oit.	01-1-	7:- Oada	
	City	State	Zip Code	Transaction ID: 13223837
	Elgin	<u>IL</u>	60120-2198	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.	9		
	Name of Employer	Occupation	า	7
	Sherman Hospital		t and Chief Executive Office	.
	Receipt For:		Year-to-Date ▼	1
	Primary General	33 -3		1
	Other (specify) ▼		450.00	
				1
ء ا	UBTOTAL of Receipts This Page (optional)			825.00
\vdash				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 138
ITEMIZED RECEIPTS		or each category of the		(check only one)
• • •	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 801 S Milwaukee Avenu	ne		09 27 2006
	City	State	Zip Code	Transaction ID: 13223838
	Libertyville	IL	60048-3204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Condell Medical Center	Occupation	n t and Chief Executive Officer	<u> </u>
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Van A Hanover			Date of Receipt
ъ.	Mailing Address 801 S Milwaukee Avenu	ΙΔ		M M / D D / Y Y Y Y
	Mailing Address 801 S Millwaukee Averlue			09 27 2006
	City	State	Zip Code	Transaction ID: 13223839
	Libertyville	<u> </u>	60048-3199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Condell Medical Center	Occupation	n e Vice President	
	Receipt For:		Year-to-Date ▼	_
	Primary General	00 0		1
	Other (specify) ▼		375.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Colleen Kannaday, , FACHE			Date of Receipt
	Mailing Address 12935 South Gregory S	Street		M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13223840
	Blue Island	<u> </u>	60406-2428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St. Francis Hospital & He-	Occupation		7
	alth Center	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	800.00	
	Culci (Specify) \	-	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			925.00
			<u> </u>	
I T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 59 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
٩.	Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke			Date of Receipt
	Mailing Address 800 North Rutledge Stre	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13223842
	Springfield	II	62781-0002	Amount of Each Receipt this Period
	•		32761 0002	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Memorial Health System	Occupation President	n t & Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	1110.00	
				'
3.	Full Name (Last, First, Middle Initial) Mr. Robert W Kay			Date of Receipt
	Mailing Address 701 North First Street			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13223844
	<u>Springfield</u>	IL	62781-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Memorial Health System	Occupation Senior Vi	n ce President and Chief Fina	no
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		005,00	
	Other (specify)		385.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Forrest G Hester			Date of Receipt
	Mailing Address Post Office Box 569			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13223845
	Lincoln	IL	62656-0569	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
	Name of Familiary	l O		4
	Name of Employer Abraham Lincoln Memorial	Occupation	it and Chief Executive Officer	.
	Hospital Receipt For:	1	Year-to-Date Year-to-Date	-
	Primary General	Aggregate	rear-to-Date V	
	Other (specify)	' '	375.00	
	(openij) \			
	I			
S	UBTOTAL of Receipts This Page (optional)		·····	850.00
т,	OTAL This Period (last page this line number or	nly)		

0	CHEDIII E A /EEC Form 2V)]		FOR LINE NUMBER: PAGE 60 / 138
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Harry Wolin			Date of Receipt
	Mailing Address P O Box 530			09 27 2006
	City	State	Zip Code	Transaction ID: 13223846
	<u>Havana</u>	IL	62644-0530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mason District Hospital		rator and Chief Executive Of	fi
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	800.00	
В.	Full Name (Last, First, Middle Initial) Mr. William Kessler			Date of Receipt
	Mailing Address One Saint Anthony's W	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
	City	State	Zip Code	Transaction ID: 13223847
	Alton	IL	62002-4568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Saint Anthony's Health Ce-	Occupation		7
	nter		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Mr. John Jurica			Date of Receipt
Ο.	Mailing Address 325 Rock Creek Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	09 27 2006
	Manteno	IL	60950-3470	Transaction ID: 13223849 Amount of Each Receipt this Period
			00330-3470	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Riverside Medical Center		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
				705.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	725.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 138		
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 1	7	
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				_	
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Shehorn			Date of Receipt		
	Mailing Address 1225 Lake Street			09 27 2006		
	City Melrose Park	State IL	Zip Code	Transaction ID: 13223850		
	FEC ID number of contributing		60160-4000	Amount of Each Receipt this Period	1	
	federal political committee.	C		300.00		
	Name of Employer Westlake Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		800.00			
— В.	Full Name (Last, First, Middle Initial) Mr. John Bomher			Date of Receipt	_	
	Mailing Address 1151 E. Warrenville Ro	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13223851		
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Illinois Hospital Associa-	Occupation VP. Asso	n ociate General Counsel			
	Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Danny Chun			Date of Receipt		
	Mailing Address 303 North Oak Park Av	enue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13223852		
	Oak Park	<u>IL</u>	60302-2189	Amount of Each Receipt this Period	_	
	FEC ID number of contributing federal political committee.	С		500.00		
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres	n sident, Communications			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
SUBTOTAL of Receipts This Page (optional)						
\vdash					i	
т	OTAL This Period (last page this line number of	only)			I,	

S	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 62 / 138
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn			Date of Receipt
	Mailing Address 700 South Second Stree			09 / 27 / 4 2006
	City	State	Zip Code	Transaction ID: 13223853
	Springfield	<u>IL</u>	62704-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant	n : VP, Gov't Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael Eesely			Date of Receipt
	Mailing Address 527 West South Street			09 / 27 / 2006
	City	State	Zip Code	Transaction ID: 13223855
	Woodstock	IL	60098-3756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Centegra Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		300.00	
			<u> </u>	1
Э.	Full Name (Last, First, Middle Initial) Mr. David Bertauski			Date of Receipt
	Mailing Address 1400 West Park Street			09 27 2006
	City	State	Zip Code	Transaction ID: 13223857
	Urbana	IL	61801-2334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Provena Covenant Medical Center	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		075.00	1
	Other (specify)	0 0	375.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
т.	OTAL This Period (last page this line number or	nlv)		
• '			······	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 63 / 138 (check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.				
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
۹.	Full Name (Last, First, Middle Initial) Mr. John Bomher Mailing Address 1151 E. Warrenville Roa	nd		Date of Receipt				
	City	State	Zip Code	0 9 2 7 2 0 0 6 Transaction ID: 13223858				
	Naperville Naperville	IL	60563-9339	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Illinois Hospital Associa- tion		ciate General Counsel					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
3.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman			Date of Receipt				
	Mailing Address 333 North Madison Stree	09 27 2006						
	City	State	Zip Code	Transaction ID: 13223859				
	Joliet FEC ID number of contributing federal political committee.	C	60435-8200	Amount of Each Receipt this Period 500.00				
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupation Chairman						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00					
- C.	Full Name (Last, First, Middle Initial) Mr. Jonathan R. Bruss			Date of Receipt				
	Mailing Address 30 W 061 Kensington Di	rive		09 27 2006				
	City Warrenville	State II	Zip Code 60555	Transaction ID: 13223860 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Advocate Good Samaritan Hospital	l	ecutive Officer					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00					
s	SUBTOTAL of Receipts This Page (optional)							

C				FOR LINE NUMBER: PAGE 64 / 138
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Richard J Carlson			Date of Receipt
	Mailing Address 800 East Carpenter Stre	eet		09 27 2006
	City	State	Zip Code	Transaction ID: 13223862
	Springfield	IL	62769-0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St. John's Hospital	Occupation Executive	n e Vice President and Adminis	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	375.00	
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Mr. Joseph V. Connell			Date of Receipt
	Mailing Address 1151 East Warrenville F	M M / D D / Y Y Y Y		
	011	01-1-	7'- 0-1-	09 27 2006
	City Naperville	State IL	Zip Code 60563-9339	Transaction ID: 13223864
	FEC ID number of contributing		00303-9339	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Illinois Hospital and Hea-	Occupation N		
	IthSystems As Receipt For:	Senior M	anager e Year-to-Date ▼	-
	Primary General	, iggi ogaic		
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Jeffrey L Durham			Date of Receipt
	Mailing Address P O Box 850			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: 13223868
	Metropolis	IL	62960-0850	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer Massac Memorial Hospital	Occupation		7
			ecutive Officer	-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
0	UBTOTAL of Receipts This Page (optional)			750.00
	JE I JIAE OI I LOODIDIS I IIIS I AUG (UDLIUI IAI)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 65 / 138
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kevin R. England			Date of Receipt
	Mailing Address 39 Harbauer Lane			09 / 27 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13223871
	Springfield	IL	62702-3444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		267.50
	Name of Employer Memorial Health System	Occupation President	n t, Clinical Support Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		402.50	
3.	Full Name (Last, First, Middle Initial) Dr. Annmarie Errichetti, , M.D.			Date of Receipt
	Mailing Address 17800 South Kedzie Ave	09 / 27 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13223872
	Hazel Crest	IL	60429-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Advocate South Suburban Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE			Date of Receipt
	Mailing Address 2239 Charter Point Drive	Э		09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13223877
	Arlington Heights	IL	60004-7226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Evanston Northwestern Hea- lthcare	Occupation President	n t, Hospitals and Clinics	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	800.00	
S	UBTOTAL of Receipts This Page (optional)			1017.50
т,	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 138 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or Y	NAME OF COMMITTEE (In Full) American Hospital Association PAC	iame and add	cress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. James M. Hohner Mailing Address 2159 W. Agatite City Chicago FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Receipt For: Primary General Other (specify)		Zip Code 60625-1705 n Advocate Health Care Found e Year-to-Date ▼	Date of Receipt M M A Z 7 Z 0 0 6 Transaction ID: 13225460 Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Mr. David T Ochs Mailing Address 2500 West Reynolds City Pontiac FEC ID number of contributing federal political committee. Name of Employer OSF Saint James - John W. Albrecht Med Receipt For: Primary General	State IL C Occupation Administra	rator e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Daniel P. Schmidt Mailing Address 8 Andrew Court City Burr Ridge FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care Receipt For: Primary General Other (specify) ▼	State IL C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	UBTOTAL of Receipts This Page (optional)		·····	1000.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 67 / 138		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12 ☐	
			-	13 14	15 16 17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	n for the purpose of solic	iting contributions	
or	<u> </u>	name and add	aress of any political committee to	Solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)					
Α.	Mr. James H Skogsbergh			Date of Receipt		
	Mailing Address 2025 Windsor Drive			M M / D D		
	0::	O	7: 0 !	09 27		
	City	State	Zip Code	Transaction ID: 13		
	Oak Brook	<u>IL</u>	60523-1586	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Advocate Health Care	Occupation	n t and Chief Executive Officer			
	Receipt For:		e Year-to-Date ▼			
	Primary General	199.194	1 1 1 1 1 1 1 1			
	Other (specify) ▼		1000.00			
В.	Full Name (Last, First, Middle Initial) Mr. Keith E Steffen			Date of Receipt		
	Mailing Address 530 NE Glen Oak Aver	ng Address 530 NE Glen Oak Avenue				
	City	State	Zip Code	Transaction ID: 13	3225476	
	Peoria	IL	61637-0001	Amount of Each Re		
	FEC ID number of contributing			1 1 1 1	· · · · · · ·	
	federal political committee.	C			250.00	
	V (5)	10 "				
	Name of Employer OSF Saint Francis Medical	Occupation				
	Center		rator and Chief Executive Off	1		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	377.50			
	Cities (specify)	0 0				
_	Full Name (Last, First, Middle Initial)			Date of Date		
C.	Mr. Richard B Floyd			Date of Receipt		
	Mailing Address 934 Center Street			09 27		
	City	State	Zip Code	Transaction ID: 13	3225559	
	Elgin	IL	60120-2198	Amount of Each Re		
	FEC ID number of contributing			1 1 1 1	· · · · · · ·	
	federal political committee.	C			17.00	
	Name of Employer Sherman Hospital	Occupation	n t and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	r rear-to-Date V			
	Other (specify)	' '	467.00			
		1 1				
					767.00	
S	UBTOTAL of Receipts This Page (optional)		·····		707.00	
Į T	OTAL This Period (last page this line number of	only)				

SC	CHEDULE A (FEC Form 3X)		l la a agravata a abaglula (a)	FOR LINE NUMBER: PAGE 68 / 138
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Clifford J. Bauer			Date of Receipt
	Mailing Address 401 North West 131st A			09 / 27 / 4 2006
	City	State	Zip Code	Transaction ID: 13231077
	Plantation	FL	33325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Ridge Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Philip K. Beauchamp			Date of Receipt
	Mailing Address 1560 Gulf Blvd.			09 / 27 / 4 2006
	City	State	Zip Code	Transaction ID: 13231078
	Clearwater	FL	33767-2900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Morton Plant Mease Health Care	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
) .	Mr. Paul Belcher			Date of Receipt
	Mailing Address Rt. 15, Box 241			09 27 7 2006
	City	State	Zip Code	Transaction ID: 13231079
	Tallahassee	FL	32311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Hospital Associat- ion	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		300.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	ılv)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
۹.	Ms. Sue G Brody			Date of Receipt
	Mailing Address 701 Sixth Street South			M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13231080
	Saint Petersburg	<u>FL</u>	33701-4891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bayfront Medical Center	Occupation		
	·		t and Chief Executive Officer	-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
		0 0		
	Full Name (Last, First, Middle Initial)			
3.	Mr. Lawrence F. Garrison			Date of Receipt
	Mailing Address 6450 US Highway 1			09 27 2006
	City	State	Zip Code	Transaction ID: 13231089
	Rockledge	FL	32955-5747	Amount of Each Receipt this Period
	FEC ID number of contributing		02000 0	
	federal political committee.	C		500.00
	Name of Francisco	0		_
	Name of Employer Cape Canaveral Hospital/H-	Occupation	Vice President and COO	
	ealth First Receipt For:		Year-to-Date ▼	-
	Primary General	1 999		1
	Other (specify) ▼	1	500.00	
?	Full Name (Last, First, Middle Initial) Mr. Richard M Irwin, , Jr.			Date of Receipt
٠.	Mailing Address 10000 West Colonial Dr	ive		M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13231099
	Ocoee	FL	34761-3499	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Health Central	Occupation		
		President	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
SI	UBTOTAL of Receipts This Page (optional)			1250.00
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T	OTAL This Period (last page this line number of	nly))	

C	COLLED III E A (EEO E a mas OV)			FOR LINE NUMBER: PAGE 70 / 138
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸r	y information copied from such Reports and Sta	ntomonte mou	y not be cold or used by any perso	
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joe Johnson			Date of Receipt
	Mailing Address 1621 Timber Hills Drive			09 27 2006
	City	State	Zip Code	Transaction ID: 13231103
	Deland	FL	32724-7978	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Hospital Fish Mem- orial		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ford Kyes			Date of Receipt
	Mailing Address P O Box 12588			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13231104
	Saint Petersburg	FL	33733-2588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Anthony's Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Isaac Mallah			Date of Receipt
	Mailing Address P O Box 4227			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 13231110
	Tampa	FL	33677-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	1	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Δ.	Full Name (Last, First, Middle Initial) Mr. Stephen Mason			Date of Receipt
•	Mailing Address 3909 Snapper Pointe Dr	ive		M M / D D / Y Y Y Y
				09 27 2006
	City	State	Zip Code	Transaction ID: 13231112
	Tampa	<u>FL</u>	33611-1030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer N.W. Fla. Comm. Hospital	Occupation President		7
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	Tour to Bate V	1
	Other (specify) ▼	1	500.00	
				1
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth Noteboom			Date of Receipt
	Mailing Address 1210 West Robinson Str	reet		M M / D D / Y Y Y Y
				09 01 2006
	City	State	Zip Code	Transaction ID: 13299571
	Norman	OK	73069-7401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Norman Specialty Hospital	Occupation		
		Administ		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cutor (speedily)	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. James R Cramer			Date of Receipt
	Mailing Address 3621 Wells Fargo Avenu	ie		M M / D D / Y Y Y Y
	0"		7' 0 1	09 14 2006
	City	State AZ	Zip Code	Transaction ID: 13299821
	Scottsdale	AZ	85251-5607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Scottsdale Healthcare	Occupation		7
			sident and Chief Information	<u>d</u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼			
SI	UBTOTAL of Receipts This Page (optional)			875.00
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EINIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association I Ac			
_	Full Name (Last, First, Middle Initial)			
Δ	Mr. Martin G. Oscadal			Date of Receipt
٠.				<u> </u>
	Mailing Address 1815 Farm Hospital Way			09 19 2006
	City	Ctoto	Zip Code	
	City	State	•	Transaction ID: 13324046
	Florence	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			300.00
				_
	St Elizabeth Médical Cen-	Occupation		
	ter-Grant Cou	V.P. Hun	nan Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		222.22	1
	Other (specify) ▼		300.00	
				1
	Full Name (Last, First, Middle Initial)			
3.	Mr. Martin G. Oscadal			Date of Receipt
	Mailing Address 1815 Farm Hospital Way			M M / D D / Y Y Y Y
	Toror ann riospital way			09 26 2006
	City	State	Zip Code	Transaction ID: 13344469
	Florence	KY	41042	
	Tiorence	KI	41042	Amount of Each Receipt this Period
	FEC ID number of contributing	С		0.00
	federal political committee.			
	Name of Employer	Occupation	n	_
	St. Elizabeth Médical Cen-	•	nan Resources	
	lei-Grani Cou			_
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]
	Primary General	' '	0.00	Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$0
	Other (specify)			I nges the YTD Total to \$0
				00
_	Full Name (Last, First, Middle Initial)			
j.	Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Avenu	е		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595117610
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Washingt	Associate	e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		400.00	Weekly)
				1
C	UBTOTAL of Receipts This Page (optional)			360.00
3	ODI OTAL OF HOOGIPUS THIS Fage (Optional)		······	
_	OTAL This Davis d /lost research is line assert to see	٨		
1 (OTAL This Period (last page this line number only	y)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 138
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	,		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726217610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n ief Washington Counsel	
	tion-Washingt Receipt For:		e Year-to-Date V	-
	Primary General	, iggi ogaic	Toda to Bate V	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	800.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1125613617610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327727317610
	Lake Barrington	<u>IL</u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hóspítal Associa- tion-Chicago		sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	900 00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	800.00	Weekly)
S	UBTOTAL of Receipts This Page (optional)			300.00
_				
T	OTAL This Period (last page this line number or	1ly)	.	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 138
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	v not be sold or used by any perso	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Leat First Middle Initial)			
Full Name (Last, First, Middle Initial) 1. Ms. Deborah F. Weiner			Date of Receipt
Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327745917610
Rockville	MD	20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		Grassroots Advocacy e Year-to-Date ▼	-
Receipt For: Primary General	Aggregate	e rear-lo-Dale V	D/D Doduction (040 00 Di
Other (specify)		800.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>			
Full Name (Last, First, Middle Initial)			Patrick Parcial
Mr. Neil J. Jesuele Mailing Address 1003 Kimberly Place			Date of Receipt
Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327801717610
Great Falls	VA	22066-1546	Amount of Each Receipt this Period
FEC ID number of contributing	С		60.00
federal political committee.			00.00
Name of Employer American Hospital Associa-	Occupation	n	7
tion-Washingt		e Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
Curior (openity)		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)			
Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700	V		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR327812017610
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		60.00
Name of Employer	Occupation	n	┥
Name of Employer American Organization of Nurse Executi		e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	1
Primary General		400.00	P/R Deduction (\$20.00 Bi-
Other (specify)		400.00	Weekly)
SUBTOTAL of Receipts This Page (optional)		.	240.00
,			
TOTAL This Period (last page this line number of	only)	>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851917610
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	American Heenital Accords	Occupation Director,	n Policy Development	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858017610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	American Höspital Associa-	occupation		
	tion-Washingt		e Director, AHAPAC e Year-to-Date ▼	-
	Primary General	nggrogate	Teal to Date V	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	800.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877817610
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		124.98
	Name of Employer American Hospital Associa-	Occupation	1	1
	tion-Chicago		Executive	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.20	P/R Deduction (\$41.66 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			304.98
Н	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 138 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942117610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136917610
	La Grange	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n President, Member Relations	
	tion-Chicago Receipt For:		e Year-to-Date ▼	<u>'-</u>
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
•	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223817610
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation Vice Pres		
	tion-Chicago Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			300.00
	OTAL This Period (last page this line number or			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 138
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	,		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224817610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Washingt			_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1 5/5 5 1 1/2 (5/5 55 5)
	Other (specify)		800.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328224917610
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328241417610
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Chicago		Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		333.36	P/R Deduction (\$27.78 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			323.34
	,			
T	OTAL This Period (last page this line number or	າly))	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 78 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
<u>/_</u>				
	Full Name (Last, First, Middle Initial)			B. (B.).
٩.	Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700 City	State	Zip Code	Transaction ID: PR328260917610
	Washington	DC	20004-2818	
	•	ьс	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	rederal political committee.			
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Executive	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1600.00	P/R Deduction (\$80.00 Bi-
	Other (specify) ▼		1600.00	Weekly)
,	Full Name (Last, First, Middle Initial)			Date of Baselat
5.	Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310417610
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
		IVID	21012-2120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	•			
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		President, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		800.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		000.00	Weekly)
	Full Name (Last First Maddle 1-22-1)			+
? .	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	Too in the second of the secon			
	City	State	Zip Code	Transaction ID: PR328312717610
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		120.00
	Name of Employer	Ossunation		4
	Name of Employer American Hospital Associa-	Occupation	ce President	
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	-
	Primary General	Aggregate	Frear-to-Date V	D/D Dadwatian (\$40.00 B)
	Other (specify)		800.00	P/R Deduction (\$40.00 Bi- Weekly)
		0 0	0 0 0 0 0 0	'
S	JBTOTAL of Receipts This Page (optional)			480.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and S	tatemente mai	, not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341817610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	800.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511817610
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		142.80
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	Regional	Executive	
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Regional		P/R Deduction (\$47.60 Bi-Weekly)
	tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Regional	Executive e Year-to-Date ▼	Weekly)
C.	tion-Chicago Receipt For: Primary General Other (specify) ▼	Regional	Executive e Year-to-Date ▼	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt
	tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Regional	Executive e Year-to-Date ▼	Date of Receipt
	tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St.	Regional Aggregate	Executive e Year-to-Date ▼ 676.00	Date of Receipt
	tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City	Regional Aggregate State	Executive Year-to-Date 676.00 Zip Code	Date of Receipt Transaction ID: PR328512017610
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	State VA C Occupation Vice Press	Executive Year-to-Date 676.00 Zip Code 22205-1655	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017610 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For:	State VA C Occupation Vice Press	Executive Year-to-Date ▼ 676.00 Zip Code 22205-1655	Date of Receipt Transaction ID: PR328512017610 Amount of Each Receipt this Period 60.00
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt	State VA C Occupation Vice Press	Executive Year-to-Date 676.00 Zip Code 22205-1655	Date of Receipt Transaction ID: PR328512017610 Amount of Each Receipt this Period
c.	fion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General	State VA C Occupatio Vice Pres Aggregate	Executive A Year-to-Date ▼ 676.00 Zip Code 22205-1655 A sident, Media Relations A Year-to-Date ▼ 400.00	Date of Receipt Transaction ID: PR328512017610 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 138
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	r not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
A.	Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA			M M / D D / Y Y Y Y
	One North Franklin Street		7'- 0-4-	
	•	tate	Zip Code	Transaction ID: PR329013417610
	Chicago II		60606	Amount of Each Receipt this Period
	FEC ID number of contributing	: '		60.00
	federal political committee.			
	Name of Employer American Hospital Associa-	cupation	1	1
	American Hospital Associa- tion-Chicago	rector,	Psychiatric and Substance Al	
		gregate	Year-to-Date ▼	
	Primary General	1 1	400.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	1 1	400.00	Weekly)
ь	Full Name (Last, First, Middle Initial)			Date of Baselet
В.	Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M M / D D / Y Y Y Y
	City	tate	Zip Code	Transaction ID: PR329071317610
	•	PA	17110-3573	
			17110-3373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		180.00
	- Sacrat pointed committee.			
	Center for Healthcare Gov-	cupation		
	ernance		and COO	
		gregate	Year-to-Date ▼	
	Primary General		660.00	P/R Deduction (\$60.00 Bi-
	Other (specify) ▼	1 1	000.00	Weekly)
_	Full Name (Leat First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard So	uth		M M / D D / Y Y Y Y
	City	tate	Zip Code	Transaction ID: PR329215717610
	Nashville T	N	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			120.00
	federal political committee.	<u> </u>		120.00
	Name of Employer	cupation	<u> </u>	1
	American Hospital Associa-	-	Executive	
	tion onloage		Year-to-Date ▼	1
	Primary General	,,, -,,		P/R Deduction (\$40.00 Bi-
	Other (specify)		800.00	Weekly)
	<u>'</u>			
s	UBTOTAL of Receipts This Page (optional)			360.00
\vdash				
т	OTAL This Period (last page this line number only)		>	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 138
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273417610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation Senior As	n ssociate Director	
	tion-Washingt Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		400.00	Weekly)
₹	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
•	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475417610
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		120.00
	federal political committee.			120.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Chicago	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		900 00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		800.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534317610
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		100.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			240.00
_	10- (-1)			
T	OTAL This Period (last page this line number or	nly))	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82 / 138
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fago	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any person	on for the purpose of soliciting contributions
.	NAME OF COMMITTEE (In Full)	arrio arra aac	areas or any pontion committee to	Solidit Contributions from Cach Committees.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr Unit 2303	ive		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547717610
	Chicago	<u> </u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	400.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549217610
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Chicago		sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776117610
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.22
	Name of Employer American Hospital Associa- tion-Washingt		ocacy & Member Communic	cations
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 1/2 / (004 74 D)
	Other (specify) ▼		369.58	P/R Deduction (\$21.74 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			185.22
Ţ.	OTAL This Period (last page this line number or	nlv)		
	CIAL THIS I CHOO (IAST PAYE THIS HITE HUITIDE OF	· · · y / · · · · · · · · · · ·	······································	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 83 / 138	
	-		Use separate schedule(s)	(check only one)	
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 1	T ₁₇
Δn	y information copied from such Reports and Sta	tomente mai	unot he sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
_	NAME OF COMMITTEE (In Full)				
/	• • •				
/	American Hospital Association PAC				
_	F. II N (I and First Mistalla Latrical)				
Δ	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt	
٠.	Mailing Address PO Box 15587			<u> </u>	
	Walling Address PO BOX 15567			M M / D D / Y Y Y	
	City	State	Zip Code	Transaction ID: PR331416017610	
		TX	·		
	Austin	1/	78761-5587	Amount of Each Receipt this Period	_
	FEC ID number of contributing	С		124.98	'
	federal political committee.				
	Name of Employer	Occupation	2	_	
	Name of Employer American Hospital Associa-		ional Executive for TX		
	tion			_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
		' '	833.20	P/R Deduction (\$41.66 Bi- Weekly)	
	Other (specify) ▼	1 1		VV eekiy)	
,	Full Name (Last, First, Middle Initial)			Data of Bassial	
5.	Mr. Donald May			Date of Receipt	
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y	
	011	01-1-	7. 0.4.		
	City	State	Zip Code	Transaction ID: PR331533217610	
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		120.00	П
	federal political committee.			120.00	
	Name of Freedoms	0		_	
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt		sident, Policy		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		780.00	P/R Deduction (\$40.00 Bi-	
	Other (specify) ▼		700.00	Weekly)	
_	Full Name (Last, First, Middle Initial)			Data of Bassial	
٠.	Ms. Elizabeth Summy			Date of Receipt	
	Mailing Address One North Franklin			M M / D D / Y Y Y Y	
	Cit.	Ctoto	Zin Codo		
	City	State	Zip Code	Transaction ID: PR346168117610	
	Chicago	IL	60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		31.23	
	federal political committee.	<u> </u>		0.120	
	Name of Employer	Occupation	2	_	
	American Hospital Associa-		e Director, ASHRM		
	tion-Chicago Receipt For:	1	e Year-to-Date V	_	
	Primary General	Aggregate	e real-to-Date V		
	Other (specify)	' '	208.20	P/R Deduction (\$10.41 Bi- Weekly)	
	☐ Other (specify) ▼			I Trockly)	
					_
6	IIRTOTAL of Receipts This Boss (antional)			276.21	
<u> </u>	UBTOTAL of Receipts This Page (optional)		······································		=
T	OTAL This Period (last page this line number or	nlv)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 84 / 138 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR517619717610 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Sr. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 400.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number only)	•	65703.83

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: (check only one)	PAGE 85 / 138
			Detailed Summary Page	13 14	15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solici	ting contributions such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park Dri	ve		Date of Receipt	/ Y * Y
			7'- 0-1-	09 07	2006
	City Madison	State WI	Zip Code 53725-9038	Transaction ID: 12 Amount of Each Re	
	FEC ID number of contributing federal political committee.		0359455	7 III OI LOON TO	5000.00
	Name of Employer	Occupation	n		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00		
3.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt	
	Mailing Address One Empire Drive			09 / 08	2006
	City	State	Zip Code	Transaction ID: 12	
	Rensselaer FEC ID number of contributing federal political committee.	C COO	12144 0160259	Amount of Each Re	10000.00
	Name of Employer	Occupation	n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 70000.00		
 C.	Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal)			Date of Receipt	
	Mailing Address 2901 North Central Aver Suite 900	nue		09 / 08	2006
	City Phoenix	State AZ	Zip Code 85012	Transaction ID: 12 Amount of Each Re	
	FEC ID number of contributing federal political committee.	C C00	0217687		3075.00
	Name of Employer	Occupation	n		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 20575.00		
S	UBTOTAL of Receipts This Page (optional)				18075.00
T	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 138
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC			Date of Receipt
Mailing Address 5510 Research Park D			09 11 2006
City Madison	State WI	Zip Code 53725-9038	Transaction ID: 12977848
FEC ID number of contributing federal political committee.		0359455	Amount of Each Receipt this Period 1858.00
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 6858.00	
Full Name (Last, First, Middle Initial) 3. Montana Hospital Association PAC - Federal Fundament	d		Date of Receipt
Mailing Address P.O. Box 5119			09 12 2006
City	State	Zip Code	Transaction ID: 12978776
Helena	MT	59604-5119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0238782	6100.00
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		6100.00	
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC	;		Date of Receipt
Mailing Address One Empire Drive			09 13 7 2006
City	State	Zip Code	Transaction ID: 12984164
Rensselaer	NY	12144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0160259	10000.00
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		80000.00	
SUBTOTAL of Receipts This Page (optional)			17958.00
TOTAL This Doubled (Instance With Process)	anl: ()		36033.00
TOTAL This Period (last page this line number of	UI IIY)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 87 / 138 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 09 29 2006 City Zip Code State Transaction ID: 13224495 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 376.89 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 3070.72 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	376.89
TOTAL This Period (last page this line number only)	•	376.89

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NU	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 24 25 26
Any Information copied from such Reports and Sta	tements may not be sold or used by		28a 28b 28c 29 30k he purpose of solicating contributions
or for commercial purposes, other than using the na	ame and address of any political cor	nmittee to solicit	contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Merchant Bankcard			Fransaction ID: 13224636 Date of Disbursement
Mailing Address 1601 Elm Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix} $
City Dallas	State Zip Code TX 75201	,	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee Candidate Name		001 ategory/	218.59
	rsement For: Primary General	Туре	ank Fee
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial) B. American Express			Transaction ID: 13224642 Date of Disbursement
Mailing Address Ste. 001			0 9 M / D 1 9 / Y 2 0 0 6 Y
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period 44.02
Purpose of Disbursement Bank Fees Candidate Name	C	001 ategory/ Type	77.02
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)		ank Fees
Full Name (Last, First, Middle Initial) C. Citibank, F.S.B.			Transaction ID: 13224640 Date of Disbursement
Mailing Address 1400 G Street, NW			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} & D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} & Y & Y & Y & Y & Y & Y \\ 0 & 0 & 0 & 6 \end{bmatrix} $
City Washington	State Zip Code DC 20005	,	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee		001	64.76
Candidate Name		ategory/ Type	
Office Sought: Senate President State: Disbu	rsement For: Primary General Other (specify)	В	ank Fee
SUBTOTAL of Disbursements This Page (options	al)		327.37
TOTAL This Period (last page this line number or			327.37

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)		-OR LINE check onl		:H:			PAGE	= 89 /	138
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and State											ıs
or	for commercial purposes, other than using the nan	le and address of any politica	u com	nm	littee to so	DIICIT CONTI	ribut	ions tr	om si	ucn com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American riospital Association r Ao											
Α.	Full Name (Last, First, Middle Initial)								_	77978		
Α.	Peterson For Congress						of D м	isburs		-	V . V	V
	Mailing Address 26192 Floyd Lake Point	Road				0_0	IVI	′	0 6	′ 📑 :	ž 0 ŏ 6	3 [']
	City	State Zip Code				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
	Detroit Lakes	MN 56501					-		-		1000.	00
	Purpose of Disbursement Contribution			0	11		0	-			1000.	00
	Candidate Name			_	egory/							
	Rep. Collin C. Peterson			T	уре							
	X	ement For: 2006 C Primary General				Contr	ibut	tion				
	President	Other (specify)										
_	State: MN District: 7											
В.	Full Name (Last, First, Middle Initial) Regula For Congress Committee								_	77989		
	——————————————————————————————————————						м	isburs			YY	Υ
	Mailing Address 228 S. Washington St. S	Ste. 115				0 9		C	0 6		ŽOŎ	6
	City Alexandria	State Zip Code VA 22314				Amou	ınt o	f Each	Disb	ourseme	nt this I	Period
	Purpose of Disbursement	VA 22514									1000.	00
	Contribution			0	11							
	Candidate Name Rep. Ralph Regula				egory/ ype							
	Office Sought: X House Disburs	ement For: 2006			··	Contr	ihut	ion				
	Senate	Primary X General				Conti	ibui	1011				
	President State: OH District: 16	Other (specify)										
	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID	. 129	79121		
C.	Cantor For Congress							isburs				
	Mailing Address P. O. Box 17813					0 ^M 9	М	/ DC	0 6	/ Y	ž o ŏ 6	3 ^Y
	City Richmond	State Zip Code VA 23226				Amou	ınt o	f Each	Disb	ourseme	nt this I	Period
	Purpose of Disbursement Contribution			_	44						1000.	00
	Candidate Name			_	11 egory/							
	Rep. Eric I. Cantor				ype							
		ement For: 2006	•			Contr	ibut	tion				
	Senate President	Primary X General Other (specify) ▼										
	State: VA District: 7	_ Cirici (Specily) \										
<u> </u>	-						_				3000.0	00
\vdash^{s}	UBTOTAL of Disbursements This Page (optional)				<u>. </u>	-	-	-	<u> </u>		,,,,,,,,,	00
Т	OTAL This Period (last page this line number only)			. •							

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		erate schedule(s) category of the			OR LIN			R:			P	AGE	90 /	138
11	EMIZED DISBURSEMENTS		Summary Page		L	21b 27	$\overline{\mathbf{H}}$	22 28a	X	23 28b		24 280	; <u> </u>	25 29	30
	y Information copied from such Reports and Stat for commercial purposes, other than using the na														s
abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Heather Wilson For Congress							Trans Date o				-	883		
	Mailing Address P.O. Box 14070							0 ^M 9	М	/ D	0 6	′ [Y	Ó Ó 6	S Y
	City Albuquerque	State NM	Zip Code 87191					Amou	nt o	f Eac	h Di	isburs	emer	nt this I	Period
	Purpose of Disbursement Contribution			Γ	0	11		<u> </u>						1000.	00
	Candidate Name Rep. Heather A. Wilson			С		gory/ pe									
	Senate President	Primary Other (spe	2006 X General ecify) ▼				(Contri	ibut	ion					
В.	State: NM District: 1 Full Name (Last, First, Middle Initial) Hal Rogers For Congress							Trans Date o				-	986		
	Mailing Address P.O. Box 1214 East Mt Vernon St							o ^M 9	M	/ D	06	/	Y	o ŏ e	S Y
	City Somerset	State KY	Zip Code 42502					Amou	nt o	f Eac	h Di	isburs		nt this I	
	Purpose of Disbursement Contribution				_	11		L.	_	_				1000.	00
	Candidate Name Rep. Harold Rogers			С		gory/ pe									
	Office Sought: X House Senate President State: KY District: 5	Primary Other (spe	2006 X General ecify) ▼				(Contri	ibut	ion					
С.	Full Name (Last, First, Middle Initial) Friends Of Frank Wolf							Trans Date o				-	885		
	Mailing Address P.O. Box 710235							0 ^M 9	М	/ D	0 6	/	YZ	Ó Ó Ó	S Y
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City Napoleonville	State Zip Code LA 70390)		Amount o	f Each Disbu	rsement th	nis Period
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City Los Angeles	State Zip Code CA 90048		Amount of Each	Disbursement this Period
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Full Name (Last, First, Middle Initial) Bass Victory Committee			Transaction ID: Date of Disburse	
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C.	Full Name (Last, First, Middle Initial) Andrews For Congress Committee							Trans Date					27124		
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Rep. James D. Matheson		Type		
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NAME OF COMMITTEE (In Full)			
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Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden			Transaction ID: 13127332 Date of Disbursement
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C.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee							isburs	emer	127329 nt		
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	Office Sought: X House Senate President Disburs	ement For: 2006 Primary X General Other (specify)	<u> </u>	•	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contr	ibut	tion				
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NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Full Name (Last, First, Middle Initial) Fitzpatrick For Congress			Transaction ID: 13127 Date of Disbursement	'334		
Mailing Address 115 N Broad Street			09 12 /	^Y 2006		
City Doylestown	State Zip Code PA 18901		Amount of Each Disburs			
Purpose of Disbursement Contribution		011		3000.00		
Candidate Name Rep. Michael G. Fitzpatrick		Category/ Type				
Office Sought: X House Senate President State: PA District: 8	sement For: 2006 Primary X General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial) 3. Welch For Congress			Transaction ID: 13127 Date of Disbursement	7339		
Mailing Address PO Box 1086			09 / 12 /	^Y 2006		
City Montpelier	State Zip Code VT 05601		Amount of Each Disburs	sement this Period		
Purpose of Disbursement Contribution Candidate Name Mr. Peter Welch		011 Category/		5000.00		
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Full Name (Last, First, Middle Initial) - Ike Skelton For Congress Committee			Transaction ID: 13127 Date of Disbursement	427		
Mailing Address P.O. Box A			09 / 15 /	[°] 2006		
City Harrisonville	State Zip Code MO 64701		Amount of Each Disburs			
Purpose of Disbursement Contribution		011		2500.00		
Candidate Name Rep. Ike Skelton Office Sought: X House Disbur	sement For: 2006	Category/ Type				
Senate President State: MO District: 4	Primary X General Other (specify) ▼		Contribution			
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V	American Hospital Association PAC														
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	Mailing Address 1902 East Divide Aven	ne					0 9			1 5	Ľ	2	οŏ	3	
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В.	Full Name (Last, First, Middle Initial)									_	12743	35			
٠.	Castor For Congress							of D	isburs		:nt □ / □ ▽	· · · · · · · · · · · · · · · · · · ·	Υ .	Y	
	Mailing Address PO Box 5419						0 9		L	15	L	2	οŏ	6	
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	Candidate Name Katherine Castor				egory/ ype										
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	Senate	Primary X General					Conti	ibui	.1011						
	President State: FL District: 11	Other (specify) ▼													
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	. 13	1274	48			
C.	Congressman Waxman Campaign Com	nittee							isburs						
	Mailing Address 6380 Wilshire Blvd. #1						0 ^M 9	М	/ D	18	/ Y	ž	οŏ	6 Y	
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	Los Angeles Purpose of Disbursement	CA 90048		_		_						3	8000.	00	
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	Candidate Name Rep. Henry A. Waxman				egory/ ype										
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NAME OF COMMITTEE (In Full)										
American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Comm	ittee		Transaction ID: 13 Date of Disburseme							
			M M / D D	2006						
Mailing Address 6380 Wilshire Blvd. #16	12	0 9 1 8 2 0 0								
City Los Angeles	State Zip Code CA 90048		Amount of Each Dis	bursement this Period						
Purpose of Disbursement Contribution		011		1000.00						
Candidate Name Rep. Henry A. Waxman		Category/ Type								
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State: CA District: 30										
Full Name (Last, First, Middle Initial) Tom Davis For Congress			Transaction ID: 13 Date of Disburseme	-						
Mailing Address 6429 Downing Court			0 9 M / D 1 8	['] 2006						
City Annandale	State Zip Code VA 22003		Amount of Each Dis	bursement this Period						
Purpose of Disbursement Contribution		011		1000.00						
Candidate Name Rep. Thomas M. Davis, III		Category/ Type								
Senate President	ement For: 2006 Primary X General Other (specify)		Contribution							
State: VA District: 11										
Full Name (Last, First, Middle Initial) Lampson For Congress			Transaction ID: 13 Date of Disburseme	_						
Mailing Address P.O. Box 58606			09 / 18	2006						
City Houston	State Zip Code TX 77258		Amount of Each Dis	bursement this Period						
Purpose of Disbursement Contribution	77250			5000.00						
Candidate Name Rep. Nick Lampson		O11 Category/ Type	1							
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State: TX District: 22										
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$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress							Trans Date					170			
	Mailing Address PO Box 23273						09 / 18 / 2006									
	City Waco	State TX	Zip Code 76702					Amou	ınt o	f Ea	ch D	isburs	semer	nt this	Perio	d
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В.	Mike Ross For Congress Committee							Date		isbu	rsem	nent		2 0 Ó	Y	
	Mailing Address PO Box 360					0 9 1			18							
	City Prescott	State AR	Zip Code 71857					Amou	ınt o	f Ea	ch D	isburs		nt this 1000.		b T
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C.	Full Name (Last, First, Middle Initial) Next Century Fund							Trans Date					'441			
	Mailing Address 116 South Royal Street							0 ^M 9	М	/ [18	2 /	Ý	žοŏ	3 Y	
	City Alexandria	State VA	Zip Code 22314					Amou	ınt o	f Ea	ch D	isburs		nt this		d
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Chris Chocola For Congress Inc			Transaction ID: 13127443 Date of Disbursement
Mailing Address PO Box 6728			$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}9^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\I\end{smallmatrix}8^D\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\I\end{smallmatrix}2^Y\\O\end{smallmatrix}0^Y\\6^Y\end{bmatrix}$
City South Bend	State Zip Code IN 46660		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Chris Chocola	(Category/ Type	
Senate President	ursement For: 2006 Primary X General Other (specify)		Contribution
State: IN District: 2 Full Name (Last, First, Middle Initial)			Transaction ID: 13127454
Melissa Bean For Congress			Date of Disbursement
Mailing Address Post Office Box 3068			09
City Barrington	State Zip Code IL 60010		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Melissa L. Bean		Category/ Type	
Office Sought: X House Senate President State: IL District: 8	ursement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 13127458
Ray Meier For Congress Committee			Date of Disbursement O 9 1 8 2 0 0 6
Mailing Address PO Box 120	Chata 7'- Cada		
City Utica	State Zip Code NY 13503		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	3000.00
Candidate Name Mr. Raymond J Meier		Category/ Type	
Senate President	ursement For: 2006 Primary X General Other (specify)		Contribution
State: NY District: 24			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 114 / 138 y one)						
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NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Capuano For Congress Committee			Transaction ID: 13127597 Date of Disbursement						
Mailing Address PO Box 440305			$\begin{bmatrix}\begin{smallmatrix}M&9&M\\0&9&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&9&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&0&6\\&2&0&0&6\end{smallmatrix}$						
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City Somerville	State Zip Code MA 02144		Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution		011	1000.00						
Candidate Name Rep. Michael E. Capuano		Category/ Type							
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution						
State: MA District: 8									
Full Name (Last, First, Middle Initial) Cantor For Congress			Transaction ID: 13127592 Date of Disbursement						
Mailing Address P. O. Box 17813			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \begin{smallmatrix} D \\ 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} \begin{smallmatrix} Y \end{smallmatrix} \begin{smallmatrix} Y \\ 0 \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} \begin{smallmatrix} O \\ 6 \end{smallmatrix} \end{bmatrix}$						
City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution	20220	011	3500.00						
Candidate Name Rep. Eric I. Cantor		Category/ Type							
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)	1,700	Contribution						
State: VA District: 7									
Full Name (Last, First, Middle Initial) Goode For Congress			Transaction ID: 13127593 Date of Disbursement						
Mailing Address 235 South Main Street			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ I \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ Y \\ Y \\ Y \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ Y \\ Y \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ Y \\ Y \\ Y \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ Y \\ Y \\ Y \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} Y \\ Y \\ Y \\ Y \end{smallmatrix} \end{smallmatrix}$						
City Rocky Mount	State Zip Code VA 24151		Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution		011	1500.00						
Candidate Name Rep. Virgil H. Goode, Jr.		Category/ Type							
Office Sought: X House Disburs Senate President State: VA District: 5	sement For: 2006 Primary X General Other (specify)		Contribution						
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only		PAGE 115 / 138				
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NAME OF COMMITTEE (In Full)								
/ American Hospital Association PAC								
Full Name (Last, First, Middle Initial) Latham For Congress			Transaction ID: 131 Date of Disbursemen					
Mailing Address PO Box 71			09 / 19	Ž O Õ 6 Š				
City Clarion	State Zip Code IA 50525		Amount of Each Disb	ursement this Period				
Purpose of Disbursement Contribution		011		4000.00				
Candidate Name Rep. Thomas P. Latham		Category/ Type						
Senate President	ement For: 2006 Primary X General Other (specify) ▼		Contribution					
State: IA District: 4 Full Name (Last, First, Middle Initial)			Transaction ID: 131	27469				
3. National Leadership PAC			Date of Disbursemen	t				
Mailing Address 635 B Pennsylvania Ave			09 19 7 2006					
City Washington	State Zip Code DC 20005		Amount of Each Disb	ursement this Period				
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Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		2006 Contribution					
Full Name (Last, First, Middle Initial) Boswell For Congress			Transaction ID: 131 Date of Disbursemen					
Mailing Address PO Box 6220			$\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}$	2006				
City Des Moines	State Zip Code IA 50309		Amount of Each Disb					
Purpose of Disbursement Contribution		011		2500.00				
Candidate Name Rep. Leonard L. Boswell		Category/ Type						
Office Sought: X House Disburs Senate President State: IA District: 3	ement For: 2006 Primary X General Other (specify)		Contribution					
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NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) PETEPAC: People for Enterprise Trade & Econ Growth Mailing Address 3686 King Street #146 City Alexandria VA 22302 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House President Senate Phoenix AZ 85064 Purpose of Disbursement 2006 Contribution Office Sought: House Phoenix AZ 85064 Purpose of Disbursement 2006 Contribution Office Sought: House Phoenix AZ 85064 Purpose of Disbursement 2006 Contribution Office Sought: House Phoenix AZ 85064 Purpose of Disbursement 2006 Contribution Office Sought: House Phoenix AZ 85064 Purpose of Disbursement 2006 Contribution Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Senate President State: District: Full Name (Last, First, Middle Initial) Transaction ID: 13127465 Date of Disbursement 2006 Contribution Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Transaction ID: 13127605 Date of Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement Itial Period Amount of Each Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement 0 9 1 2 2 0 0 6 Amount of Each Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement 0 9 1 2 2 0 0 6 Amount of Each Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement 0 9 1 2 2 0 0 6 Amount of Each Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement 0 9 1 2 2 0 0 6 Amount of Each Disbursement Itial Period Transaction ID: 13127605 Date of Disbursement 0 9 1 2 2 0 0 6 Contribution Cardidate Name Rep. Tim F. Murphy Office Sought: X House Sanata President Sanata P														<u> </u>	
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A PETEPAC: People for Enterprise Trade & Econ Growth Mailing Address 3686 King Street #146 City State Zip Code Alexandria VA 22302 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House Senate Primary General Primary General 2006 Contribution Senate President State Zip Code AZ 85064 City State Zip Code AZ 85064 Purpose of Disbursement Disbursement For: Senate Primary General 2006 Contribution City State Zip Code AZ 85064 Purpose of Disbursement Disbursement For: Senate Primary General 2006 Contribution Candidate Name Office Sought: House Senate Primary General 2006 Contribution Candidate Name Office Sought: House Senate Primary General 2006 Contribution Candidate Name Office Sought: House Senate Primary General 2006 Contribution Candidate Name Other (specify) ▼ Category/ Type Office Sought: First, Middle Initial) Transaction ID: 13127465 Date of Disbursement this Period 1010 Category/ Type Category/ Type Office Sought: First, Middle Initial) Transaction ID: 13127605 Date of Disbursement Disbursement For: Senate Primary General 2006 Contribution Transaction ID: 13127605 Date of Disbursement this Period 111 Category/ Type Category/ Type Office Sought: Y 2 0 0 6 City State Zip Code PA 15234 Purpose of Disbursement Contribution Candidate Name Rep. Tim F. Murphy Office Sought: X House Senate Primary X General Primary X Gene	1	, ,	n PAC												
City #146 City Alexandria VA 22302 Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Primary General Other (specify) Office Sought: House Primary General Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 13127465 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 13127465 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 13127465 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 13127465 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 13127465 Date of Disbursement this Period Transaction ID: 13127605 Date of Disbursement Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify) Transaction ID: 13127605 Date of Disbursement District: Other (specify)		•	•	Econ Grov	vth			,	Date of I	Disburse	ement				
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\rangle	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) King For Congress							Trans Date				-	7600			
	Mailing Address 126 Des Moines Street P.O. Box 576							0 9	М	/	1 9) /	Y	ž 0 ŏ	6 ^Y	
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	Mailing Address P. O. Box 53322							0 ^M 9	М	/	1 5)	Y	ž 0 Ŏ	6 ^Y	
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American Hospital Association PAC									
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Mailing Address PO Box 49333			0 9	[/] 19	2	0 0 6			
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Mr. Mark Kennedy		Type							
	ement For: 2006 Primary X General								
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Full Name (Last, First, Middle Initial) Mary Bono Committee				tion ID: 13					
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Mailing Address P.O. Box 3370			0 9	20	2	2006			
City Palm Springs	State Zip Code CA 92263		Amount	of Each Dis	sbursemer	nt this Po	eriod		
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Full Name (Last, First, Middle Initial) Solis For Congress				tion ID: 13					
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American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transaction ID: 1312	7616			
Doggett For U.S. Congress			Date of Disbursement	Y * Y * Y * Y			
Mailing Address PO Box 5843			099 / 21	[°] 2006			
City Austin	State Zip Code TX 78763		Amount of Each Disbu	rsement this Period			
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Candidate Name Rep. Lloyd Doggett		Category/ Type					
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Mailing Address PO Box 5843			0 9 2 1	[°] 2006			
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Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 1312 Date of Disbursement	8181			
Mailing Address PO Box 27565			09 / 21	[°] 2006			
City Tucson	State Zip Code AZ 85726		Amount of Each Disbu	rsement this Period			
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Candidate Name Gabrielle Giffords		Category/ Type					
Office Sought: X House Senate President State: AZ District: 8	ement For: 2006 Primary X General Other (specify)	201	Contribution				
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NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Judy Biggert For Congress			Transaction ID: 133 Date of Disbursemen				
Mailing Address P.O. Box 637			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2006			
City Hinsdale	State Zip Code IL 60522		Amount of Each Disk				
Purpose of Disbursement Void of 8/06 check		011		-3000.00			
Candidate Name Rep. Judy Biggert		Category/ Type					
Office Sought: X House Senate President State: IL District: 13	sement For: 2006 Primary X General Other (specify) ▼		Void of 8/06 check				
Full Name (Last, First, Middle Initial)			Transaction ID: 132				
Syan For Congress			Date of Disbursemer				
Mailing Address P. O. Box 1919			09 / 25	Ž O Ď 6 Š			
City Janesville	State Zip Code WI 53547		Amount of Each Disk	oursement this Period			
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Candidate Name Rep. Paul Ryan		Category/ Type					
Office Sought: X House Senate President State: WI District: 1	sement For: 2006 Primary X General Other (specify)		Contribution				
Full Name (Last, First, Middle Initial) Friends Of Roger Wicker			Transaction ID: 131 Date of Disbursemer				
Mailing Address P.O. Box 874			09 / 25	['] 2006			
City Tupelo	State Zip Code MS 38802		Amount of Each Disk	oursement this Period			
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Charles Taylor For Congress Committee			_	
Mailing Address PO Box 2355			09 25	2006
City Asheville	State Zip Code NC 28802		Amount of Each Disb	ursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Charles H. Taylor	C	Category/		
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)	7,7,0	Contribution	
State: NC District: 11				
Full Name (Last, First, Middle Initial) Northup For Congress			_	
Mailing Address PO Box 7313			09 / 25	['] 2006
City	State Zip Code		Amount of Each Disb	oursement this Period
Purpose of Disbursement	KY 40257	• •		1000.00
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Rep. Anne M. Northup	'	Type		
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Full Name (Last, First, Middle Initial)			Transaction ID: 101	66642
Weldon Victory Committee	WIZED DISBURSEMENTS Ses esperale scienturies Check only one		t	
Mailing Address P. O. Box 1992			0 9 2 5	Ź 0 Ŏ 6 Š
City Media			Amount of Each Disb	ursement this Period
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Candidate Name Rep. Curt Weldon	C	Category/		
Senate President	Primary X General	7,10	Contribution	
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Sweeney For Congress Inc			Transaction ID: 1316	6637
Mailing Address Post Office Box 1465			09 / 25	^Y 2006
City Clifton Park	State Zip Code NY 12065		Amount of Each Disbur	sement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. John E. Sweeney		Category/ Type		
Office Sought: X House Senate President State: NY District: 20	sement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)			Transaction ID: 1316	 6581
Friends Of Max Baucus			Date of Disbursement 0 9 2 5	^Y 2006
Mailing Address PO Box 586	7: 0 1			
City Helena	State Zip Code MT 59624		Amount of Each Disbur	sement this Period
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Candidate Name Sen. Max Baucus		Category/ Type		
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Full Name (Last, First, Middle Initial)			Transaction ID: 1330	2932
Judy Biggert For Congress			Date of Disbursement 0 9 2 5	2006
Mailing Address P.O. Box 637			0 9 2 5	2006
City Hinsdale	State Zip Code IL 60522		Amount of Each Disbur	
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Α.	Full Name (Last, First, Middle Initial)									_	16660	8(
۸.	Friends of Jim Clyburn					_	M I	of Di	isburse		nt / TY	Y	Y	Υ
	Mailing Address P.O. Box 12567						0 9		2	25	L	2	οŏε	5
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	State: CT District: 2	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)					1	rans	acti	on ID:	: 13	16662	28		
C.	Blumenauer For Congress					1		of Di	isburse		nt	V	, V ,	V
	Mailing Address 830 Northeast Hollada	/ #105					0 9	IVI .	2	25	Ĺ	2	οŏε	5
	City Portland	State Zip Code OR 97232				1	Amoui	nt of	Each	Disl	bursen	nent	this F	Period
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	Candidate Name			_	11 egory/									
	Rep. Earl Blumenauer				ype									
	Office Sought: X House Disbu	sement For: 2006 Primary X General				C	ontri	but	ion					
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Gutknecht For U.S. Congress Committee			Transaction ID: 131 Date of Disbursemen	
Mailing Address P.O. Box 6428			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	^Y 2006
City Rochester	State Zip Code MN 55903		Amount of Each Disb	
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Gil Gutknecht		Category/ Type		
Office Sought: X House Senate President State: MN District: 1	ement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				
3. Levin For Congress			Transaction ID: 131 Date of Disbursemen	t
Mailing Address 230 North Avenue			09 / 25	Ý ŽOĎ6Š
City Mt. Clemens	State Zip Code MI 48043		Amount of Each Disb	
Purpose of Disbursement Contribution Candidate Name	[011		1000.00
Rep. Sander M. Levin		Category/ Type		
Office Sought: X House Senate President State: MI District: 12	ement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				00504
Buck McKeon For Congress			Transaction ID: 131 Date of Disbursemen	t
Mailing Address 24265 San Fernando Ro			09 / 25	Ž O Ď 6 Š
City Santa Clarita	State Zip Code CA 91321		Amount of Each Disb	
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Howard P. McKeon		Category/ Type		
Office Sought: X House Disburs Senate President State: CA District: 25	ement For: 2006 Primary X General Other (specify)		Contribution	
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Marion Berry For Congress			Transaction ID: 131666 Date of Disbursement	623
Mailing Address P.O. Box 8084			09 / 25 /	^Y 2 0 0 6 ^Y
City	State Zip Code		Amount of Each Disburs	ement this Period
Jonesboro	AR 72403			· · · · · ·
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Marion Berry		Category/ Type		
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution	
State: AR District: 1				
Full Name (Last, First, Middle Initial) 3. Joe Wilson For Congress Committee			Transaction ID: 131666 Date of Disbursement	616
Mailing Address Post Office Box 2145			09 4 25	[°] 2006
City West Columbia	State Zip Code SC 29171		Amount of Each Disburs	ement this Period
Purpose of Disbursement Contribution	2017.1	011		1000.00
Candidate Name Rep. Joe Wilson	l	Category/ Type		
Office Sought: X House Disbur Senate President	sement For: 2006 Primary X General Other (specify)	.,,,,,	Contribution	
State: SC District: 2 Full Name (Last, First, Middle Initial)				
Michael Burgess For Congress			Transaction ID: 131665 Date of Disbursement	
Mailing Address PO Box 2334			09 / 25 /	Ž 0 Õ 6 Š
City Denton	State Zip Code TX 76202		Amount of Each Disburs	ement this Period
Purpose of Disbursement Contribution		011		3000.00
Candidate Name Rep. Michael C. Burgess, M.D.	1	Category/ Type		
Office Sought: X House Senate President State: TX District: 26	sement For: 2006 Primary X General Other (specify)	,,	Contribution	
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	Mailing Address PO Box U							0 ^M 9	М	′	^D 2	5 /	Y	ž 0 Ŏ (3 Y
	City Marietta	State GA	Zip Code 30060					Amo	unt d	of E	ach I	Disbu	rseme	nt this	Period
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В.	Kline For Congress							Date	of E	Disb			V	v	V
	Mailing Address 101 Burnsville Parkway Suite 104							0 9	IVI	<u> </u>	^D 2	5 ′		ž 0 ŏ 6	6
	City Burnsville	State MN	Zip Code 55337					Amou	unt d	of E	ach I	Disbu		nt this	
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	State: MN District: 2 Full Name (Last, First, Middle Initial)											4040	0500		
C.	Cole For Congress							Date			urse	ment	6592	Y	Y
	Mailing Address P.O. Box 722256							0 9			^D 2	5		ž 0 ŏ 6	5
	City Norman	State OK	Zip Code 73070					Amo	unt d	of E	ach I	Disbu		nt this 1	
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) A. Ben Cardin For Senate							Γrans Date α			_		354		
Mailing Address P.O. Box 21093							o ^M 9	M /	D	25	/	ž	0 ŏ 6	Y
City Catonsville	State MD	Zip Code 21228					Amou	nt of	Eac	h Dis	sburse	ement	this F	Period
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Candidate Name Mr. Benjamin Cardin			Ca	_	gory/									
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Full Name (Last, First, Middle Initial) B. Synergy PAC							Trans Date o	of Dis	sbur	seme				_
Mailing Address 6849 Old Dominion Driv Suite 222	re						0 ^M 9	M /	D	25		ž	o ŏ 6	Y
City McLean	State VA	Zip Code 22101				,	Amou	nt of	Eac	h Dis	sburse	ement		
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Full Name (Last, First, Middle Initial) C. Jerry Weller For Congress Inc.							Γrans					935		
Mailing Address P.O. Box 2368						-	Date o	M /		seme	ent /	Y Y 2	0 ŏ 6	Y
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Contribution Candidate Name Rop Gorold C. Waller			Ca		gory/									
Rep. Gerald C. Weller Office Sought: X House Disburs Senate President State: IL District: 11	ement For: Primary Other (spe	2006 X General ecify) ▼		Ту	oe	C	Contri	buti	ion					
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American Hospital A	ssociation PAC	;							
Full Name (Last, First, N Kirk For Congress	fiddle Initial)					ction ID: 13 Disburseme			
Mailing Address P.	O. Box 8				0 9	^D 26	/ Y 2	0 0 6	Y
City Winnetka		State IL	Zip Code 60093		Amount	of Each Dis	bursemer	nt this Pe	eriod
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Candidate Name Rep. Mark Steven K				Category/ Type					
F	Senate President	Disbursement For: Primary Other (spe	2006 X General cify) ▼		Contrib	ution			
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3. Citizens For Rush	ilidale IIIItal)				Date of	ction ID: 13 Disburseme	nt	, · · · · ·	Y
Mailing Address P.	O. Box 7292				0 9	26	2	006	
City Chicago		State IL	Zip Code 60680		Amount	of Each Dis			-
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Candidate Name Rep. Bobby L. Rush				Category/ Type					
	Senate President	Disbursement For: Primary Other (spec	2006 X General cify) ▼		Contrib	ution			
Full Name (Last, First, No. 2). Pickering For Congr	Middle Initial)					ction ID: 13 Disburseme			
	D. Box 4297				0 ^M 9 M	[/] ^D 26		0 0 6	Y
City Brandon		State MS	Zip Code 39047		Amount	of Each Dis	bursemer	nt this Pe	eriod
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Candidate Name Rep. Charles W. Pic	kering, Jr.			Category/ Type					
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Volunteers For Shimkus			Transaction ID: 13162934 Date of Disbursement
Mailing Address P.O. Box 5458			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
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Candidate Name Rep. John M. Shimkus		Category/ Type	
Office Sought: X House Senate President State: IL District: 19	oursement For: 2006 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) B. Tiberi For Congress			Transaction ID: 13162942 Date of Disbursement
Mailing Address 2021 E Dublin Grand Suite 2000	rille Road		09 7 26 7 2006
City Columbus	State Zip Code OH 43229		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	3000.00
Candidate Name Rep. Patrick J. Tiberi		Category/ Type	
Senate President	oursement For: 2006 Primary X General Other (specify) ▼		Contribution
State: OH District: 12 Full Name (Last, First, Middle Initial) C. Friends Of Ray LaHood			Transaction ID: 13162931 Date of Disbursement
Mailing Address 4238 N Knoxville Av	9		0 9 / 2 6 / Y 2 0 0 6
City Peoria	State Zip Code IL 61614		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Rep. Ray LaHood		Category/ Type	
Office Sought: X House District: 18 X House President Preside	oursement For: 2006 Primary X General Other (specify) ▼		Contribution
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na									
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\rangle	American Hospital Association PAC									
Α.	Full Name (Last, First, Middle Initial) Hobson For Congress					Transac Date of	tion ID: Disburse		941	
	Mailing Address 82 West Columbia					0 9	[/] 2	^D /	Ý ŽOŎ	6 ^Y
	City Springfield	State Zip C OH 4550				Amount	of Each	Disburs	ement this	Period
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	Candidate Name Rep. David L. Hobson			Ca	egory/ ype					
	Senate President		2006 General			Contribu	ution			
_	State: OH District: 7 Full Name (Last, First, Middle Initial)					Transac	tion ID:	13162	927	
B.	Costello For Congress Committee					Date of I	Disburse	D /	y y y y y 2 0 0	6 Y
	Mailing Address P. O. Box 8250	State Zip C	ada							
	City Belleville	IL 6222				Amount	or Each	Disburs	ement this 2000	• •
	Purpose of Disbursement Contribution Candidate Name		[)11				2000	.00
	Rep. Jerry F. Costello				egory/ ype					
	Senate President		2006 General 7			Contribu	ution			
	State: IL District: 12									
C.	Full Name (Last, First, Middle Initial) Craig For U.S. Senate						Disburse	ment		
	Mailing Address P.O. Box 2754 802 W Bannock Suite	Lp101				0 9 M	[/] 2	6 /	žoŏ	6
	City Boise	State Zip C ID 8370				Amount	of Each	Disburs	Disbursement this Perio	
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	Sen. Larry E. Craig				egory/ ype					
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)						13293	121		
Hoosiers Supporting Buyer For Congress)isburse		Y Y	Y	Υ
Mailing Address 200 North Main St. P.O.	Box 712		o	9	2	6 /	2	0 Ď 6	
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Jesse Jackson Jr For Congress Committee)				ion iD: Disburse	131629 ement	929		
Mailing Address Post Office Box 490286			O ^N		[/] 2	^D /	^Y ^Y 2	0 0 6	Y
City Chicago	State Zip Code IL 60649		Am	ount o	of Each	Disburs	emen	t this P	eriod
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Candidate Name Rep. Jesse L. Jackson, Jr.		Category/ Type							
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Friends Of Rahm Emanuel			_		isburse	ement	020		
Mailing Address P.O. Box 101124			o	9 ^M	[/] 2	6	Ý Ž	0 0 6	Y
,	State Zip Code IL 60610		Am	ount o	of Each	Disburs	emen	t this P	eriod
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\vdash	NAME OF COMMITTEE (In Full)													
$ \rangle$	American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial) Charlie Dent For Congress						Trans Date					936		
	Mailing Address PO Box 442						0 ^M 9	М	/ [2 6	/	Y 2	2 o ŏ e	8 Y
	City Allentown	State PA	Zip Code 18105				Amou	ınt o	f Ea	ch D	isburs	emer	nt this	Period
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	Candidate Name Rep. Charles W. Dent			С		egory/ /pe								
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В.	Friends Of John Barrow						Date		isbu	rsem	ent		2 o ŏ e	Y
	Mailing Address PO Box 8166	01-1-	7's Oads				0 9	_		26				
	City Savannah	State GA	Zip Code 31412				Amou	int o	t Ea	ch D	isburs		nt this 1	
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	Office Sought: X House Senate President State: GA District: 12	ement For: Primary Other (spe	2006 X General ecify) V				Contr	ribut	tion					
<u> </u>	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson						Trans Date					939		
	Mailing Address 7 Cadiz Pike						0 ^M 9	М	/ [2 6	/	Y	Ó 0 Ó 0	S ^Y
	City Bridgeport	State OH	Zip Code 43912				Amou	ınt o	f Ea	ch D	isburs		nt this I	
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	Candidate Name Mr. Charles Wilson			С		egory/ vpe								
	Office Sought: X House Senate President State: OH District: 6	ement For: Primary Other (spe	2006 X General ecify) ▼				Contr	ibu	tion					
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\rangle	American Hospital Association PAC								
Α.	Full Name (Last, First, Middle Initial)		Transaction ID: 13162944						
Λ.	Joy Padgett For Congress		Date of Disbursement						
	Mailing Address 871 Walnut Stree		09 / 26	2006					
	City Coshocton	State Zip Code OH 43812		Amount of Each D	isbursement this Period				
	Purpose of Disbursement Contribution		Т	011		1000.00			
	Candidate Name Joy Padgett			Category/ Type					
	Senate President	Disbursement For: 2006 Primary X General Other (specify) ▼	eral		Contribution				
	State: OH District: 18								
B.	Full Name (Last, First, Middle Initial) Joy Padgett For Congress				Transaction ID: 1 Date of Disbursem	nent			
	Mailing Address 871 Walnut Stree		09 / 26	2006					
	City Coshocton	State Zip Code OH 43812			Amount of Each D	isbursement this Period			
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	Candidate Name Joy Padgett		Category/ Type						
	Office Sought: X House Senate President State: OH District: 18	Disbursement For: 2006 Primary X General Other (specify)	eral		Contribution				
	Full Name (Last, First, Middle Initial)		Transaction ID: 1	2162049					
C.	Committee To Reelect Congressma		Date of Disbursem						
	Mailing Address P.O. Box 3184				$0^{M}9^{M}$ / $2^{M}7$	2006			
	City Hamilton	State Zip Code NJ 08619			Amount of Each D	isbursement this Period			
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	Candidate Name Rep. Christopher H. Smith		Category/ Type						
	Office Sought: X House Senate President State: NJ District: 4	Disbursement For: 2006 Primary X General Other (specify)	eral		Contribution				
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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
<u>/</u>	<u> </u>												
۹.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress					Transaction ID: 13162951 Date of Disbursement							
	Mailing Address 555 Capitol Mall Suite 1	425			0,8	[/] 27	. 2	0 0 6					
	City Sacramento	State Zip C CA 958			Amount	of Each Disl			-				
	Purpose of Disbursement Contribution			011				5000.0	0				
	Candidate Name Rep. Anna G. Eshoo		С	ategory/ Type									
	Senate President		2006 General		Contribu	ution							
	State: CA District: 14 Full Name (Last, First, Middle Initial)						200057						
3.	Hastert For Congress Committee				Date of I	tion ID: 132 Disburseme	nt	/ * Y * ·	Y				
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).	Full Name (Last, First, Middle Initial) Western Action PAC					tion ID: 13							
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C.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn						Trans Date					323		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only		PAGE 136 / 138			
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NAME OF COMMITTEE (In Full)							
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Cathy McMorris For Congress			Date of Disbursement	2 0 0 6 °			
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	Full Name (Last, First, Middle Initial)			Transaction ID: 13324007				
۹.	Friends Of Ginny Brown-Waite		Date of Disbursement					
	Mailing Address 704 Ponce De Le	eon Blvd		09 7 29 7 2006				
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	Brooksville	FL 34601						
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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) A. Mr. Martin G. Oscadal Mailing Address 1815 Farm Hospital Way		Transaction ID: 13324048 Date of Disbursement 0 9 M / D 2 6 V Y Y O 0 6 Y
City Florence Purpose of Disbursement	State Zip Code KY 41042	Amount of Each Disbursement this Period 300.00
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